Sunrise
HEALTH REGION

SUNRISE
REGIONAL HEALTH AUTHORITY

2012-2013

ANNUAL REPORT

Table of Contents

	Page
LETTER OF TRANSMITTAL	1
WHO WE ARE	3
ORGANIZATIONAL CHART	12
OUR REGION	14
MAJOR EVENTS AND MITIGATED RISKS	18
PROGRESS IN 2012-13	21
FINANCIAL OVERVIEW	36
FUTURE OUTLOOK AND EMERGING ISSUES	37
SUPPORTING DOCUMENTS AVAILABLE	38
PAYEE DISCLOSURE LIST	39
MANAGEMENT REPORT	54
2012/2013 FINANCIAL STATEMENT	55

To view a copy of this report on-line, visit the Sunrise Health Region website at www.sunrisehealthregion.sk.ca. Click on 'Reports & Studies' side menu on the left of the home page.

Hard copies of the Annual Report are available at Sunrise Health Region's Executive Office:

Park Unit (Yorkton Regional Health Centre campus)
270 Bradbrooke Drive
Yorkton, Saskatchewan S3N 2K6

or by calling (306) 786-0110.

Letter of Transmittal

May 29, 2013

The Honourable Dustin Duncan
Minister of Health
Province of Saskatchewan

Dear Mr. Duncan:

The Sunrise Regional Health Authority is pleased to provide you and the residents of the health region with its 2012-2013 Annual Report.

The report provides the Board approved audited financial statements of the region for the year ended March 31, 2013. The report also outlines the region's activities and accomplishments for the period. We are pleased in this report to provide indicators of our performance taken from our "Balanced Scorecard". The "Balanced Scorecard" is monitored throughout the year by the Sunrise Regional Health Authority to measure progress in achieving goals set out in our "2012-2017 Strategic Plan". Our Strategic Plan aligns with the Province of Saskatchewan – Ministry of Health goals of transforming health care and improving access to a health system that provides Better Health, Better Care, Better Teams and Better Value to individuals in our region and throughout the province.

Respectfully submitted,

Lawrence Chomos, Chairperson
Sunrise Regional Health Authority

Suann Laurent, President & CEO
Sunrise Health Region

Who We Are

Sunrise Health Region is one of 13 health regions in the Province of Saskatchewan, guided by specific directions in the Accountability Document for the prudent and ethical use of public funds. The mission of the Sunrise Health Region is ***to improve the health and well-being of individuals and communities through leadership, collaboration and the provision of high quality health services.***

The Sunrise Regional Health Authority is the legal name of the region and is used in reference to the Board. Sunrise Health Region is used in reference to the geographic region, employees, programs and services.

In support of this mission, our board, management, staff, volunteers and physicians strive to abide by the values of:

Collaboration…
We act as one united team providing the best care possible

Courage…
We act courageously in relentless pursuit of safety and excellence

Compassionate and Caring…
We listen to customers and then act and deliver services with compassion, care and respect

Creativity…
We strive for innovation

Commitment…
We commit to integrity, honesty and accountability

The mission and values of the health region are devoted to achieving our long-term vision: ***Working together… for healthy people in healthy communities***.

The Sunrise Regional Health Authority provides staff with direction in the form of board-approved strategic goals, which mirror the Ministry of Health's strategic deployment initiative, focusing on making improvements to the health of the population, individual care and financial sustainability in the context of value.

In 2012-13 the strategic goals of Sunrise Health Region were:

Goal #1 – **Better Health**
Goal #2 – **Better Care**
Goal #3 – **Better Teams**
Goal #4 – **Better Value**

Annual Report Overview

Staff members from throughout the health region support development of our strategic priorities and add to our strategic breakthrough initiatives and performance measures. Strategic priorities guide the development of annual operational plans (A3's) for all portfolios. Performance targets and metrics further align our departments and programs. The Board received monitoring reports throughout the year to track strategic execution. Visibility wall walks were held weekly, and started every board meeting and Physician Advisory Committee meeting to evaluate whether we were on target and to develop course correction where required.

Accountability Document

Each year the Saskatchewan Ministry of Health issues a health-region-specific "Accountability Document", which provides provincial direction, performance expectations, and the accountability framework that regional health authorities (RHAs) follow for the upcoming fiscal year.

Provincial Strategic Priorities for the Healthcare System

In 2012-13 the Ministry of Health foundational elements focused on:

- Client and Family Centred Care
- Continuous Improvement
- Think and Act as One System

In March of 2012, the Ministry of Health unveiled a new Health Plan for 2012-13. Information about Strategic Planning for the Saskatchewan health care system and the Ministry of Health Plan for 2012-13 is available on the government website: www.health.gov.sk.ca/strategic-direction.

Strategic Plan 2012-2017

In 2012, Sunrise Regional Health Authority revised strategic policies and the 2012-2017 Strategic Plan.

Annual Report Basis for Preparation

This annual report is a legislated requirement of Sunrise Regional Health Authority containing general information about Sunrise Health Region, intended only for informational purposes. The "Balanced Scorecard" is a reporting tool used by the Sunrise Regional Health Authority to track alignment and course correction towards the targets set out in the health region's "2012-2017 Strategic Plan" and in the Ministry of Health "Saskatchewan Health Plan". The indicators in this 2012-13 Annual Report are taken from these tools and are the most recent available to the health region when the report was prepared.

Our People and Services

In 2012-13, the Sunrise Health Region provided health services to the residents of 49 cities, towns and villages, 28 rural municipalities, and three First Nations in east central Saskatchewan – approximately 57,678 Saskatchewan residents in total.

As of March 31, 2013, the health region employed 2,930 staff members who provide and support health care through community-based services and within our 22 facilities. The region's head offices are located in the city of Yorkton, which is the largest and the most central community in the region and is the location of the regional health centre.

In 2013 the health region distributed the second issue of the Report to the Community, an easy reference guide providing residents with valuable statistics and information on accessing services offered by the region. Featured items in the Report to the Community included the medication reconciliation initiative,

tobacco reduction strategy, colorectal cancer screening program, physician and nurse practitioner recruitment, falls prevention program, clinical care programs for patients pre and post-surgery, and more.

Services provided throughout the health region population include a comprehensive range of health prevention/promotion, acute, supportive and rehabilitative services, located in institutions, communities and people's homes. Below is a sampling of service volumes provided by Sunrise Health Region in 2012-13:

- 27,584 immunizations were provided (employee and public immunizations and influenza vaccine)
- 443 early visiting program "maternal/newborn" initial home visits in 2012 (all communities)
- 1,070 premises inspections by public health inspection
- 245 plumbing inspections (urban and rural) and 47 rural private sewage system inspections
- 187 animal bites followed up by public health; 36 required vaccine
- 3,014 students in 23 schools participated in fluoride mouth rinse programs (95% participation rate)
- 95% completion rate for inspecting licensed facilities
- 28,022 hours of home care nursing service
- 102,819 hours of home care support, personal care and "meals on wheels"
- 30,936 outpatient physiotherapy, occupational therapy and speech language therapy visits
- 14,517 inpatient physiotherapy, occupational therapy and speech language therapy visits
- 980,490 square meters of health care facilities cleaned and maintained each day
- Nearly 3.2 million pounds of laundry were washed, dried and folded in 2012-13
- 2,905 surgeries were performed
- 67,840 emergency room visits occurred in 2012-13
- 41,316 x-ray exams and 7,024 mammography exams
- 6,657 emergency response calls
- 12,121 mental health visits, excluding psychiatry and addictions
- 699 newborns were delivered

Surgical Cases

	2009-10	2010-11	2011-12	2012-13
Actual Surgeries performed	3,674	3,980	3,154	2,905
Provincial Target for Sunrise	3,750	3,785	3,985	3,300

The primary reason that Sunrise Health Region could not achieve the provincial target was that the target number was greater than the number of persons in the health region awaiting surgery. The wait lists for surgery in the health region was cleared.

Sample Volumes and Costs

Service	2010-11 Volumes	2011-12 Volumes	2012-13 Volumes	2012-13 Cost per service	2012-13 Total annual cost
Hemodialysis Patients	442	446	427	$5,383.26	$2,298,652*
ER Visits (YRHC only)	29,687	24,511	23,748	$144.73	$3,437,119*
CT Scans	6,443	6,278	4,713**	$219.69	$1,035,393*

* Rounded to the nearest one-hundredth

** The CT exam volume this year is 4713, which is lower than last report due to a change in the way the exams are calculated. The patient volume was similar for the last two years: 3914 in 2012-13and 4007 in 2011-12. The Provincial target for the region was 3,750.

Our Buildings

Facility	*Address*	*Year Built*	*Square Metres*	*Acute Bed #s*	**LTC Bed #s*	**Other Bed #s*
Yorkton Regional Health Centre	270 Bradbrooke Dr. Yorkton	1960	15,707	87		
St. Anthony's Hospital, Esterhazy (affiliate)	216 Ancona St. Esterhazy	1968	2,463	22		
Melville Health Centre/ St. Peter's Hospital (affiliate)	200 Heritage Dr. Melville	2004	5,051	30		
Canora Hospital	1219 Main St. Canora	1967	3,816	16	6	2
Kamsack Hospital & District Nursing Home	341 Stewart St. Kamsack	1967 1982 *r*	6,997	20	61	2
Preeceville & District Health Centre	712 7th St. NE Preeceville	1971 2008 *r*	4,847	10	38	2
Canora Gateway Lodge	212 Centre Ave. E. Canora	1970	3,430		63	1
Esterhazy-Centennial Special Care Home	300 James Ave. Esterhazy	1971	3,084		52	1
Foam Lake Jubilee Home	421 Alberta Ave. E. Foam Lake	1968	2,460		49	2
Invermay Health Centre	303 4th Ave. N. Invermay	1960	1,691		24	2
Ituna Pioneer Health Care Centre	320 5th Ave. N.E. Ituna	1975	1,394		35	3
Langenburg Health Care Complex/ Centennial Special Care Home	200 Heritage Dr. Langenburg	1971 1997 *r*	3,843		44	3
Norquay Health Centre	335 East Road Allow. S. Norquay	1962	2,021		30	2
Saltcoats - Lakeside Manor Care Home	101 Crescent Lake Rd. Saltcoats	1988	1,912		29	1
St. Paul Lutheran Home (affiliate)	100 Heritage Dr. Melville	1964	6,039		128	1
Theodore Health Centre	615 Anderson Dr. Theodore	1988	1,768		18	1
Yorkton & District Nursing Home	200 Bradbrooke Dr. Yorkton	1969	15,900		229	13
Yorkton Mental Health Centre	270 Bradbrooke Dr. Yorkton	1964	6,245			18
Public Health & Women's Wellness Centre	150 Independent St. Yorkton	1951	2,327			
Foam Lake Health Centre	715 Sask. Ave. E. Foam Lake	1983	1,511			
Regional Laundry	270 Bradbrooke Dr. Yorkton	1985	3,238			
Kamsack Public Health & Administration	359 Queen Elizabeth Blvd. Kamsack		683			
TOTAL				**185**	**806**	**54**

**LTC beds - includes transition beds *Other beds – includes respite, convalescent and mental health beds * r – renovation /addition*

Our Health Partners

Health Care partnerships with the following health care organizations greatly assist Sunrise Health Region in addressing its goals.

Affiliated Health Care Organizations:
St. Paul Lutheran Home, Melville; St. Peter's Hospital, Melville; St. Anthony's Hospital, Esterhazy
Affiliated with Sunrise Regional Health Authority are three faith-based facilities. St. Paul Lutheran Home is a 128-bed long-term care facility; St. Anthony's is a 22-bed hospital; and St. Peter's is a 30-bed hospital. (St. Paul and St. Peter's are located together with the Saul Cohen Centre and community-based services in Melville, as part of the Melville District Health Centre). *The Regional Health Services Act* defines the financial and operational relationship of health regions and affiliates. Governed by its own Board of Directors, each affiliate appoints a facility administrator to oversee the facility's staff and management team. The three affiliates and Sunrise Health Region have a very close, and almost completely integrated, management team. The affiliates have chosen a relationship whereby they follow all policies and procedures of the region (that do not infringe upon the faith-based mandates of the organizations); human resource, finance and operational support services are fully integrated. The Sunrise Health Region and its affiliate partners produce a consolidated financial statement each year.

Emergency Medical Services
Sunrise Health Region provides emergency medical services, ambulance services, and first responder services to communities in the health region by a combination of contract ambulance services and region-owned services. The ambulance services in the region are:

Privately contracted:

- *Canora Ambulance Care*
- *Crestvue Ambulance Services (Yorkton and area)*
- *Duck Mountain Ambulance Care (Kamsack, Norquay and area)*
- *Shamrock Ambulance Service (Foam Lake and area)*
- *Preeceville Ambulance Service*

RHA owned and operated:

- *Esterhazy Emergency Medical Service*
- *Ituna Emergency Medical Service*
- *Langenburg Emergency Medical Service*
- *Melville Emergency Medical Service*

KidsFirst
KidsFirst is an early childhood development program, intended to provide vulnerable children with the best possible start in life, and to encourage nurturing and supportive well-functioning families and communities. KidsFirst provides home visiting services, early learning and child care spaces, mental health and addiction counseling, and other supports to families in need. Sunrise Health Region provides KidsFirst with financial, payroll and information technology services for a fee and is the accountable partner.

The Health Foundation
The Health Foundation is an independent community organization, managed by a volunteer board, and receives no government funding. The Health Foundation works in partnership with donors, the community, healthcare providers and government to raise and invest funds in capital and educational initiatives that will enhance healthcare services in east central Saskatchewan. Sunrise Health Region President & CEO and a Sunrise Regional Health Authority board member sit on The Health Foundation board.

Society for the Involvement of Good Neighbours (SIGN)
SIGN is a private non-profit corporation located in Yorkton in partnership with local agencies and organizations to develop and deliver needed services to area residents. Sunrise Health Region contracts with SIGN for services, with an annual service agreement that sets out the budget and terms and conditions of the services provided.

First Nations
On-reserve health services are a federal jurisdiction. The Sunrise Health Region Medical Health Officer connects at the provincial level with the Medical Health Officer for First Nations and Inuit Health. Sunrise Health Region and Key, Keeseekoose and Cote First Nations continued our contract agreements to provide Home Care services on reserve. In 2011, work began with the Yorkton Tribal Council to support outreach services from the Women's Wellness Centre to Key, Cote and Keeseekoose First Nations. In consultation with the communities, clinics began in February, 2013 focused on offering services to support the health and wellbeing of women in the communities. Clinic services focus in women's reproductive and gynecological health and include pap smears, breast exams, sexually transmitted infections testing, treatment and counseling, birth control, bone health, mental health, pregnancy testing, menopause education and support and prenatal care.

Governance and Transparency

As authorized by *the Regional Health Authorities Act*, the provincial government appoints to each region a governance body and names a chairperson and vice chairperson. The "Sunrise Regional Health Authority" (RHA) governs Sunrise Health Region, which is the formal title. Often this governance body is referred to as the "Board" or the "board members". Ministry of Health appointments to Sunrise Regional Health Authority occurred in 2012.

During the period of this annual report, the Sunrise Regional Health Authority members were:

Lawrence Chomos, Chairperson, of Esterhazy; has served from March 2007 to present
Don Rae, Vice Chairperson, of Yorkton; has served from April 2011 to present
Janet Hill of Yorkton; has served from April 2002 to present
Dr. Walter Streelasky of Melville; has served from May 2006 to present
Doris Kopelchuk of Canora; has served from February 2009 to present
Dave Schappert of Langenburg; has served from February 2009 to present
Shirley Wolfe-Keller of Invermay; has served from May 2012 to present
Murray Dalton of Preeceville; has served from May 2012 to present
Gordon Gendur of Yorkton; has served from May 2012 to present

The RHAs in Saskatchewan each have representation on the provincial Governance Committee, which plans board education events. The Governance Committee developed a provincial governance manual used by the health regions as a resource of best practices in healthcare governance.

Communication with the Minister of Health and Deputy Minister of Health occurs through a variety of methods including face-to-face meetings. The Board Chairperson and Chief Executive Officer represent Sunrise Health Region at these meetings several times a year.

The Sunrise Regional Health Authority approved the 2012-2017 Strategic Plan in May, 2012. This Plan aligns with the Province of Saskatchewan's priorities for health care planning. Saskatchewan has initiated a collaborative method of strategy deployment in 2011-2012 with the goal for all health regions to focus and finish breakthrough strategies with the potential to positively affect health outcomes. This method of strategy deployment empowers all health care employees and physicians to work together on system-wide solutions.

Public Transparency

The dates, times and locations of all public RHA meetings are listed on the health region's website. Members of the public and area journalists are welcome to attend and observe the meetings. Members of the public can also contact the region and request to be included on the meeting agenda and make presentations to the RHA. All decisions of the RHA must be made during meetings open to the public.

Once approved, the RHA posts minutes of its meetings on the web site. The minutes are public documents, as are the strategic plan and this annual report. Hard copies of the above can be obtained at the region's administrative office in Yorkton. Subsequent to all RHA meetings, the Region distributes, to staff and to all local media outlets, a newsletter summarizing the meeting's highlights. The targeted timeframe for distribution of the *BoardBrief* is 72 hours after each meeting's completion.

Community Health Advisory Committees Three new geographically based Community Health Advisory Committees were created in November 2011 with terms until September 30, 2014. At least three meetings occur per year, including one plenary meeting.

The purpose of these committees is to provide the Sunrise Regional Health Authority with community input and advice respecting the provision of health services. CHACs provide advice to the RHA in the areas of program and service development and delivery, health issues, needs and priorities, access to health services, and promotion of health. CHAC members are members of the public appointed by the Regional Health Authority. Prospective members may be self-recommended or by existing CHAC members, community groups or individuals, and are expected to complete a declaration of interest.

CHAC Committee Membership:

Area 1: Patricia Kachman, Chairperson (Hyas), Marlene Wunder, Vice Chairperson (Foam Lake), Hazel Arnie (Preeceville), Steve Bruce (Foam Lake), Thom Carnahan (Canora), Audrey Horkoff (Kamsack), Kenny Kaban (Foam Lake), Michael Kaminski (Invermay), Debra Nabess (Kamsack), Linda Osachoff (Canora), Caitlin Thomsen (Kamsack), Andrea Verigin (Kamsack)

Area 2: Earl Hughes, Chairperson (Yorkton), Peter Hay, Vice Chairperson (Yorkton), Marie Demetrow (Yorkton), Minnie Kuspira (Yorkton), Barbara Lang (Yorkton), Nicholas Lastiwka (Theodore), Juanita Polegi (Jedburgh), Vi Schappert (Yorkton), Ella Sernowski (Yorkton), Carol Tamblyn (Yorkton), Murray Williams (Yorkton)

Area 3: Dwight Herperger, Chairperson (Esterhazy), Monica Roussin, Vice Chairperson (Round Lake), Beatrice Boychuk (Ituna), Judith Brown (Tantallon), Mildred Danylko (Calder), Carol Fairbank (Melville), Debra Fuhr (Langenburg), Ann Kendel (Langenburg), Dorothy McRae (Langenburg), Elfriede Piller (Neudorf), Mark Stoll (Melville), Ruth Swanson (Churchbridge), Louise Thompson (Duff), Jessie Wade (Churchbridge)

In addition to the Community Health Advisory Committees, the health region also has public/external participants on the Regional Palliative Care Committee, Regional Spiritual Care Committee, Regional Ethics Committee and Home Care Quality Improvement Committee. There are also public/external participants on several of the health region's accreditation teams and emergency planning committees.

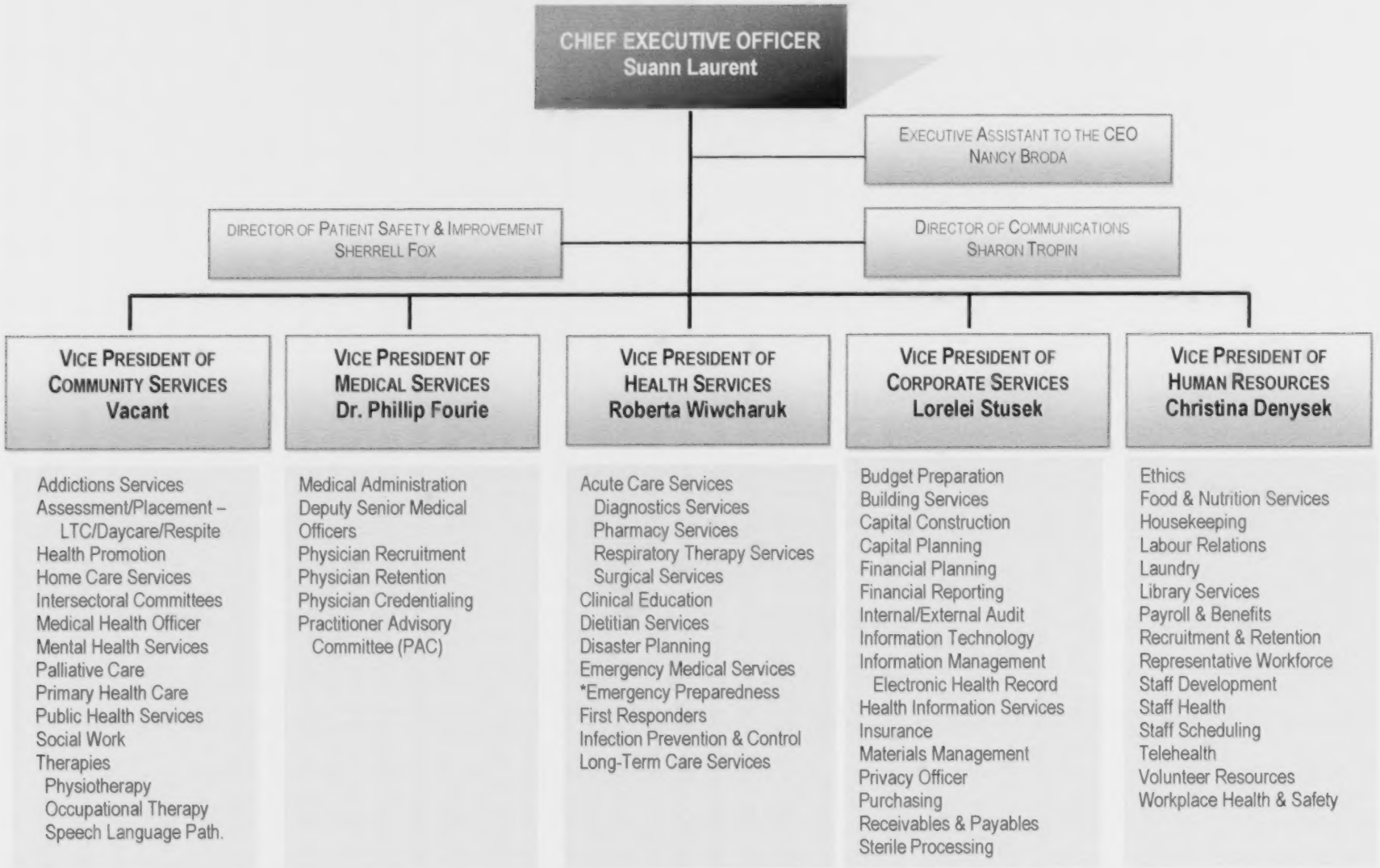
Client and Family Centred Care Steering Committee

The region is focused on advancing the philosophy of client and family centred care and has recruited clients and family members to participate in a Client and Family Centred Care Committee. The intent of the committee is to lead, encourage and support the spread of client and family centred care throughout the region in all departments, services and levels of the organization. The committee also identifies client and family centred care priorities for the region (in alignment with the Ministry of Health Patient and Family Centred Care framework) and develops action plans. Recruitment efforts are continuing for client and family advisors for the Steering Group, ad-hoc working groups and representation on existing committees. Currently, we have 16 client and family representatives in our region.

"PHOTOGRAPHIC ART BY -MITCH-"

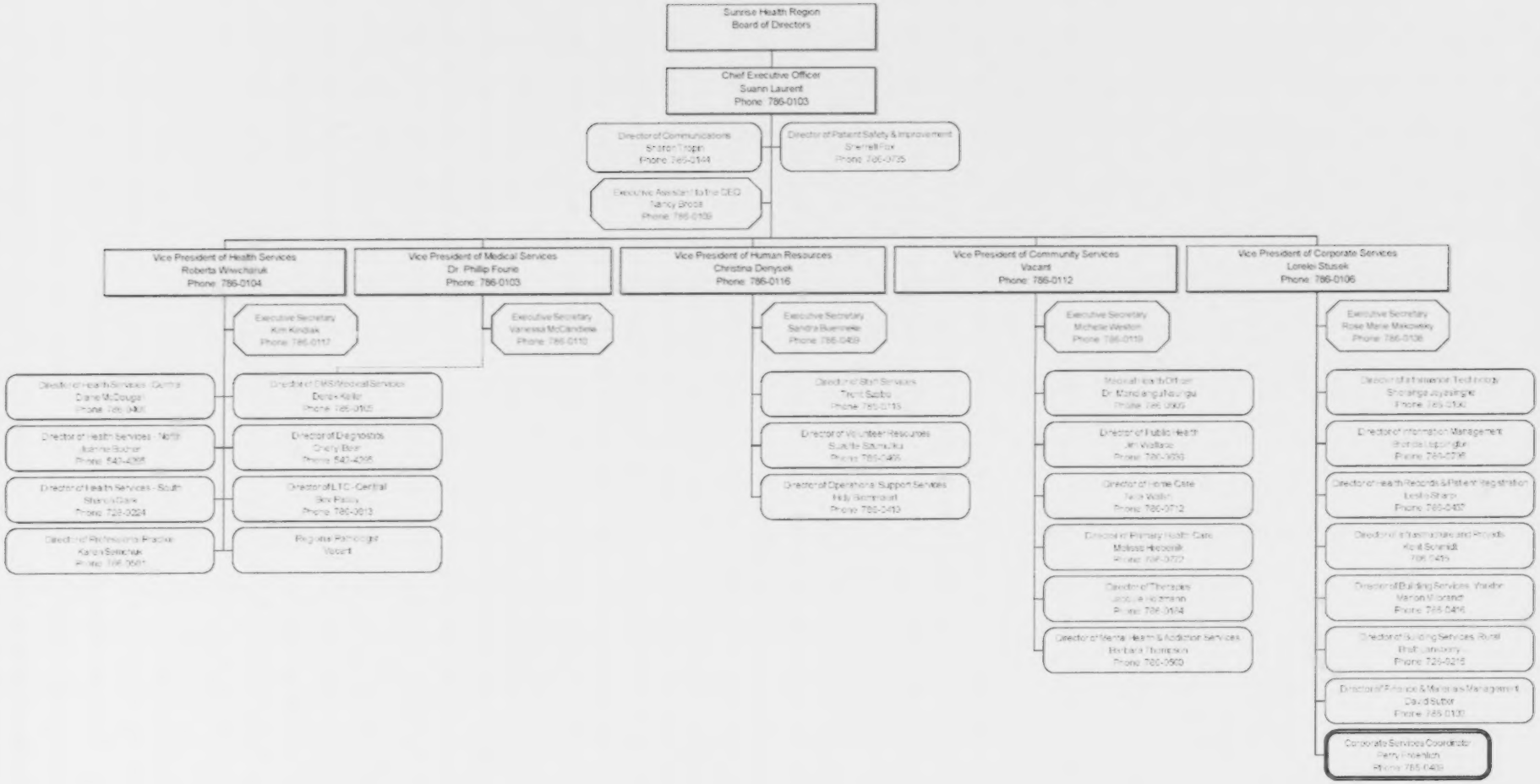
ORGANIZATIONAL CHART - CEO DIRECT REPORTS

As of March 31, 2013



EXECUTIVE LEADERSHIP ORGANIZATIONAL CHART

As of March 31, 2013



Our Region

Demographics and Other Factors

In 2012, Sunrise Health Region had a total covered population of 57,678, a decrease of 435 people from what was reported in 2011. The source for this information is the Saskatchewan Ministry of Health 2012 Covered Population document. Covered Population is based on eligibility for health insurance benefits in Saskatchewan. If a person resides in a rural municipality, picks up their mail in a village, town or city, and only provides the Ministry of Health with a correspondence address, that person will be assigned the residence code for the village, town, or city, rather than for the rural municipality. The full document is available on the Ministry of Health website http://population.health.gov.sk.ca/.

Covered Population Statistics	2012	% of Total Pop
Yorkton	18,427	32%
Melville	5,031	8.6%
Esterhazy	3,025	5.2%
Canora	2,763	4.7%
Kamsack	2,232	3.98%
Foam Lake	1,560	2.7%
Preeceville	1,480	2.6%
Langenburg	1,409	2.4%
	35,927	**62.29%**
69 smaller towns, villages, hamlets and RMs	**20,007**	**34.69%**
Key, Cote, Keeseekoose First Nations	**1,744**	**3.02%**
TOTAL	**57,678**	100%

A key characteristic of the health region's population continues to be a population significantly older than the provincial average; its population can be appropriately described as the ***oldest*** in the province. Of the health region's population 21.2% are over age 65 (provincially, 14.4%).

Other population characteristics from Statistics Canada 2011 data: the total aboriginal population in Sunrise Health Region as 8.5%, the long-term unemployment rate is 2.3%, and 50.4% of the population are post secondary graduates (includes certificates, diplomas and degrees).

As of March 31, 2013 Sunrise Health Region employed 2,930 people or 5% of the region's population. 415 employees (14.1%) will be eligible for retirement by December 31, 2013.

Health Status and Outcome Indicators

** Please refer to source documents for details on the indicators, the sources for their calculations and methodology. Source data for Statistics Canada can be found at www.statcan.gc.ca

Infant Mortality

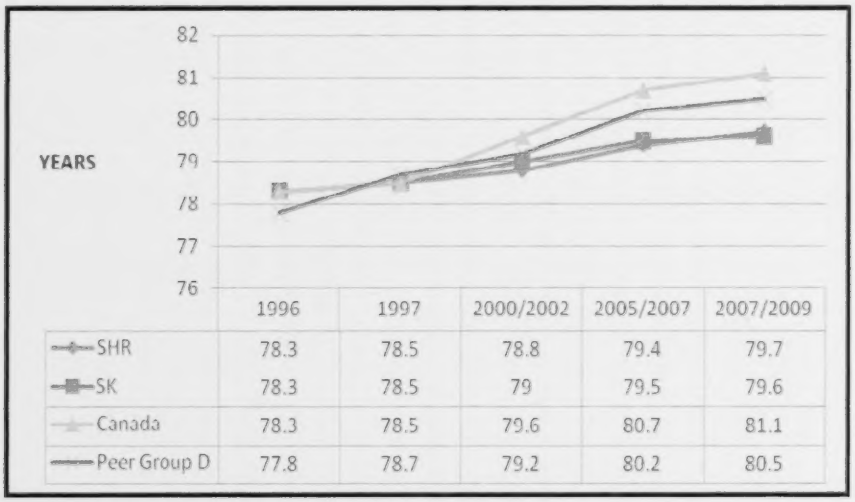
According to the Saskatchewan Prevention Institute, through the 1990s and into the early 2000s, infant mortality rates in Saskatchewan fell close to the national average. However, after dropping to a historic low in 2001, from 2001-2005 the infant mortality rates have been increasing.

For Sunrise Health region, the same source indicates that, after an increase from 4.5 per 1,000 in 2001-2005 to 7.4 per 1,000 in 2006, the infant mortality rate dropped to 3.5 per 1,000 in 2007. During the same period the provincial rates were 6.3, 6.3 and 5.9 per 1,000. (Saskatchewan Prevention Institute, 2010)

Life Expectancy

The figure below shows that in Sunrise Health Region, life expectancy at birth increased steadily from 78.3 years in 1996 to 79.7 years during the period 2007/2009. However, this increase has been below the average increase experienced in similar health regions, Saskatchewan and Canada. Further analysis has shown that since 2000, the difference in life expectancy at birth between Sunrise Health Region and Canada has been statistically significant. Compared to Saskatchewan, the difference was not statistically significant during both periods. Compared to similar health regions, the difference was statistically significant only during the periods 2005/2007 and 2007/2009.

Life expectancy at birth in Sunrise Health Region,
Saskatchewan, Canada and Peer Group D health regions
(Source of data: Statistics Canada, CANSIM tables 102-0018, 102-0218 and 102-4307)

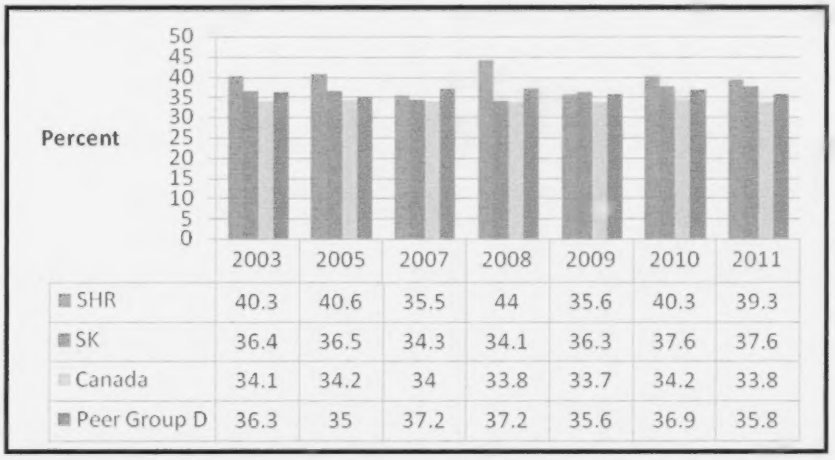


	1996	1997	2000/2002	2005/2007	2007/2009
SHR	78.3	78.5	78.8	79.4	79.7
SK	78.3	78.5	79	79.5	79.6
Canada	78.3	78.5	79.6	80.7	81.1
Peer Group D	77.8	78.7	79.2	80.2	80.5

Overweight, Obesity and Physical Activity

In Sunrise Health Region, the prevalence rate of self-reported overweight remained between 35.5% and 40.6% and did not show any significant change from 2003 to 2011 as the isolated increase noted in 2008 was not sustained. It is important to note, however, that the Sunrise Health Region rates have been greater than those in similar health regions, Saskatchewan and Canada

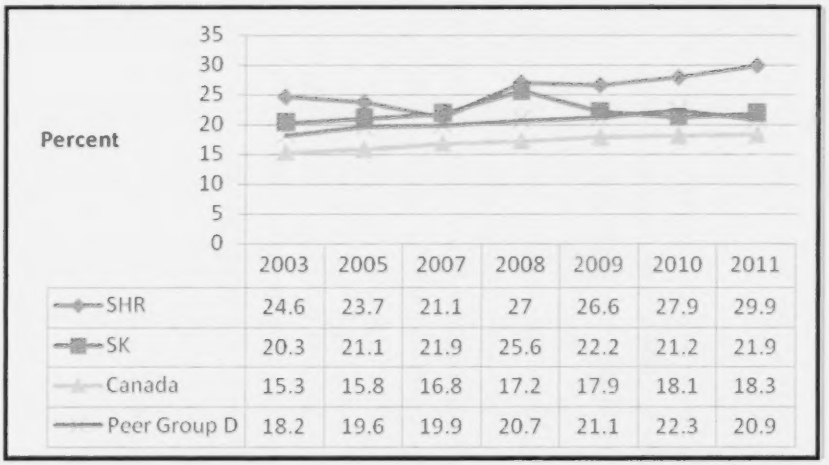
Prevalence rate of self-reported overweight in adults (18 years and above) in Sunrise Health Region, Peer Group D health regions, Saskatchewan and Canada from 2003 to 2011 (Source of data: Statistics Canada, Canadian Community Health Survey, CANSIM table 105-0501)



	2003	2005	2007	2008	2009	2010	2011
SHR	40.3	40.6	35.5	44	35.6	40.3	39.3
SK	36.4	36.5	34.3	34.1	36.3	37.6	37.6
Canada	34.1	34.2	34	33.8	33.7	34.2	33.8
Peer Group D	36.3	35	37.2	37.2	35.6	36.9	35.8

In 2003, 24.6% of Sunrise Health Region residents self-reported as obese, and this proportion increased to 27.9% in 2010. Although obesity rates have been increasing in all geographical entities considered in the analysis, they are much greater in Sunrise Health Region compared to similar health regions, Saskatchewan and Canada.

Figure 33: Prevalence rate of self-reported obesity in adults (18 years and above) in Sunrise Health Region, Saskatchewan, Peer Group D health regions and Canada from 2003 to 2011 (Source of data: Statistics Canada, Canadian Community Health Survey, CANSIM table 105-0501)

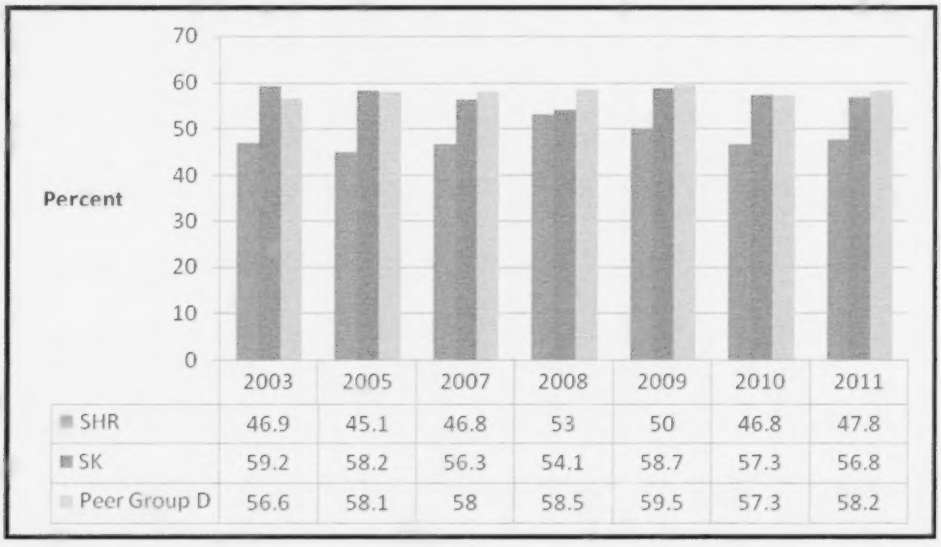


	2003	2005	2007	2008	2009	2010	2011
SHR	24.6	23.7	21.1	27	26.6	27.9	29.9
SK	20.3	21.1	21.9	25.6	22.2	21.2	21.9
Canada	15.3	15.8	16.8	17.2	17.9	18.1	18.3
Peer Group D	18.2	19.6	19.9	20.7	21.1	22.3	20.9

Self-reported Health Status

Over the eight year period from 2003 to 2011, less than half of Sunrise Health Region residents rated their health as very good or excellent and this proportion progressively increased from 2003 to 2008. Since then, it started a sustained downward trend to revert back to its value of 2003. During the same period, the proportion of Sunrise Health Region residents who rated their health as very good or excellent was lesser than Saskatchewan and Peer Group D health regions as depicted in the figure below. Meanwhile, this proportion did not record any significant change for Saskatchewan and Peer Group D health regions.

Proportion of population 12 years and above that rated their health as very good or excellent in Sunrise Health Region, Saskatchewan and Peer Group D health regions from 2003 to 2011
(Source of data: Statistics Canada. Canadian Community Health Survey, CANSIM table 105-0501)



	2003	2005	2007	2008	2009	2010	2011
SHR	46.9	45.1	46.8	53	50	46.8	47.8
SK	59.2	58.2	56.3	54.1	58.7	57.3	56.8
Peer Group D	56.6	58.1	58	58.5	59.5	57.3	58.2

The following table provides the proportion of residents who self reported as current smokers (daily or occasional) or living with a selected chronic condition. (Source: Statistics Canada. CANSIM table 105-0501)

	Sunrise Health Region	Saskatchewan	Canada
Current smoker	21.7%	23.8%	19.9%
Arthritis	25.5%	18.4%	17%
Diabetes	11.4% (*)	5.7%	6.1%
High blood pressure	29.6%	18.3%	17.6%

(*) Statistics Canada advises to use this figure with caution due to sample issues. The value for 2010 was 6.1%.

Major Events & Mitigated Risks

Strategy Deployment and Lean – The Ministry of Health and health regions are in the second year of a profound shift in the way health system strategic planning and strategy deployment moves forward with a renewed commitment to better health, better care, better and value and better teams in Saskatchewan's health system. Strategy in Saskatchewan is focused on "acting as one" and using Lean strategies to eliminate waste in the health system to increase value for the people we serve. Lean is a patient-first approach that puts the needs and values of patients and families at the forefront and uses proven methods to continuously improve the health system. It is unique in that it engages and empowers employees to generate and implement innovative solutions, and to fundamentally improve the patient experience on an ongoing basis. Early results are promising and show these efforts to be improving patient experience and outcomes, enhancing staff morale and engagement, increasing system productivity, and freeing-up provider time for patient care and improved service delivery.

Twenty-six region employees are in various stages of Lean Leader Certification, consisting of approximately 75 days of training. Some of the Lean methodologies used include mistake proofing, value stream mapping and rapid process improvement workshops. These Lean methodologies will drive continuous improvement in our region and our province for the people we serve.

Accreditation – A team from Accreditation Canada presented their preliminary findings at the end of the November 19–23, 2012 survey of the health region. The verbal report was presented to members of the board, staff and physicians and a formal written report followed. The survey team was highly complementary of continuous improvement progress witnessed in the region noting a fifty percent improvement since last accredited, three years ago.

Primary Health Care Innovation Site announced for Yorkton and Foam Lake – On May 8, 2012, the Government of Saskatchewan announced eight Primary Health Care innovation sites in the province, including approval of a proposal submitted by Sunrise Health Region and its community partners in Yorkton and Foam Lake. Each innovation site in the province has a slightly different focus. Health regions will follow the progress of each site looking for best practices to apply in their own region. Initially, the Yorkton/Foam Lake Primary Health Care innovation site will focus on patients with chronic conditions, such as diabetes and cardiovascular disease. At the clinic in Yorkton and the satellite in Foam Lake, patients will experience a variety of services including individual and shared medical visits with a team of health experts. Patients will learn how to manage their chronic condition from the team members and from the experiences of other patients with similar chronic conditions. A 3P event was held in July 2012 for the prototype Primary Health Care – Chronic Disease Management clinic. A needs assessment was competed and reviewed by the community of Foam Lake. This preparation work will continue in 2013 and the primary health care prototype will be a valuable addition to services offered in the region.

U of S Partnership – In April, 2012 the University of Saskatchewan – College of Nursing and Sunrise Health Region entered into a partnership to facilitate graduate nursing education opportunities in the region and to enhance professional nursing practice. Dr. Karen Semchuk was jointly appointed by the U of S and the region as the Director of Professional Practice and works onsite with the region to provide leadership in clinical education and professional practice while continuing to teach for the University of Saskatchewan.

Colorectal Cancer Screening Program – In January 2013, the health region further supported chronic disease management by implementing a Colorectal Cancer Screening program, allowing residents over the age of 50 in the region to have the opportunity for regular screening and early detection.

Service Interruptions in health facilities – In August 2012, the region received notification that due to lack of physician availability Canora Hospital would be without emergency on-call and inpatient services for an extended length of time. The interruption in services lasted until January 11, 2013 when three new physicians arrived to practice in Canora. Due to lack of physician availability, Preeceville and District Health Centre has experienced a large volume of temporary service interruptions affecting emergency services and on several occasions, both emergency and inpatient services. The region continues recruitment efforts in Preeceville.

Attendance Management – In 2011-12, Sunrise Health Region had the highest rates of sick time and wage driven premiums in the province. One of the greatest successes this year is the complete turnaround in this area. Sunrise is now the second best performer in the province. Key to this turnaround was employee commitment, the STEP (Strategies Toward Enhanced Performance) attendance management initiative, and recruitment.

In 2011-12, the health region paid 92.12 hours in sick time per full-time equivalent, at a cost to the health system of over 5.6 million dollars. To the end of March, 2013, annual paid sick time hours were 72.37 per full-time equivalent (a full-time equivalent is employee paid time equal to 1,950 hours a year).

Statistical monitoring walls are located in all facilities and provide information related to the STEP initiative such as absence call-in procedures and information about attendance management and modified duties supports which are available to employees. The STEP walls provide a location for managers and front-line employees to view and discuss regional and department statistics and suggestions to further reduce injury rates and improve employee health.

Invermay Health Centre – On January 17, 2013, staff at Invermay Health Centre noticed that the floor was sloping in the west corner of the west wing. Bracing was put into place, the long-term care residents were moved from the west wing to another part of the building, and the wing was sealed off. Experts in air quality testing and structural engineering were called. Tests indicated presence of mould. Equipment was installed to improve the air quality until the source of the problem is identified and corrected.

Long-term care residents and staff were relocated to facilities within the region in Canora, Yorkton and Foam Lake. On April 2, 2013, it was announced that the Government of Saskatchewan – Ministry of Health has committed $2.8 million to address the structural problems, with repairs expected to be completed by October, 2013.

Tobacco Reduction Strategy – In 2012 the region approved a tobacco reduction strategy. The action plan is a two-pronged approach to eliminate tobacco use on health facility grounds by July 1, 2013 and for ongoing reduction of tobacco consumption in the community. Education and tobacco cessation tools are being implemented to assist employees and patients with tobacco addition to cope while staying in health facilities and on health region property. The new policy allows for individual exceptions for residents in long-term care facilities, for ceremonial use and when patients (due to their medical condition) are unable to utilize cessation tools.

Physician Recruitment – Ten new physicians arrived in the region in 2012-13. Physician recruitment continues to be a priority area of focus for the health region. The region continues to recruit for family physician vacancies in Preeceville and in Yorkton for specialists in internal medicine, anesthesiology and radiology.

Sunrise Regional Health Authority Chairperson – Greg Kobylka, Chairperson of the Sunrise Regional Health Authority, resigned his position effective September 1, 2012 due to increased commitments outside of his role as Board Chairperson. Serving on the Sunrise Regional Health Authority Board of Directors since November, 2004, Kobylka was involved in a many advancements and initiatives in Sunrise Health Region.

Lawrence Chomos of Esterhazy was appointed, by the Ministry of Health, as the Chairperson for Sunrise Regional Health Authority Board of Directors on December 12, 2012; Don Rae of Yorkton was appointed to the position of Vice Chairperson.

2012-13 Budget Rollout – Sunrise Health Region approved a balanced budget of $208,674,511 for the period of April 1, 2012 to March 31, 2013. Priorities within the budget included attendance management, strengthening primary health care, building continuous improvement system capacity, improving surgical access, implementing shared services, and further advancing client safety and satisfaction. For the past three years, the health region achieved balanced budgets at year-end.

Progress in 2012-2013

The Regional Health Services Act defines the relationship between Sunrise Health Region, the Minister of Health, and the Ministry of Health. The "Strategic Visibility Wall" and "Balanced Scorecard" are reporting tools used by the Sunrise Regional Health Authority to track alignment with the targets set out in the health region's "2012-2017 Strategic Plan" and in the Ministry of Health Plan 2012-13. The Strategic Visibility Wall is located in the Mental Health Auditorium of Yorkton Regional Health Centre. A "Wall Walk" is held once each week that is open to anyone who wishes to attend and during which the executive leadership describe the strategies the region is working on and progress towards the targets. A link to the "Balanced Scorecard" indicator report is provided on the home page of the public website www.sunrisehealthregion.sk.ca. The indicators in this 2012-13 Annual Report are from these monitoring processes.

The health region's strategic focus is described by four "Betters", upon which objectives, plans and actions were built.

Strategy: Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Provincial 5 year Improvement Targets:

- By 2017, there will be a 50% improvement in health status by focusing on prevention and management of the 6 highest impact chronic diseases (Diabetes, CAD, COPD, Depression, Congestive Heart Failure, Asthma)
- By 2017, at risk populations (all age groups) will achieve better health through access to evidence based interventions, services and/or supports.

Hoshin/ Breakthrough Initiative:

- **Strengthen client-centred Primary Health Care by improving connectivity, access and chronic disease management.**

Projects

1. **Primary Health Care Redesign – Chronic Disease Management**

Target	Status
• By March 31, 2013, SHR will develop a prototype PHC-Chronic Disease Management clinic in Yorkton with a satellite clinic in Foam Lake. • By March 31, 2013, a Colorectal Cancer Screening Program will be implemented in SHR.	Partially Achieved

Results:

Prototype PHC-Chronic Disease Management Clinic - A physician-developed clinic with supports from Chronic Disease management Programming by Health Region staff was proposed, using a multidisciplinary team based approach to health care delivery and supporting patient care

delivery by directing patients to the most appropriate care provider for their health related concerns. In July 2012 a 3P (Production, Preparation, Process) event was held in Yorkton.

Following the 3P there were changes in direction for the proposed clinic development and focus shifted to supporting patient care delivery by utilizing shared medical visits for patients with diabetes. Monthly basis shared medical visits were held for four groups of patients with each group being seen once every three months. Team members included a physician, exercise therapist, mental health nurse, diabetes nurse educator, dietitian, and nurse practitioner.

Foam Lake is connected to the Primary Health Care Innovation Model in Yorkton. Starting in February 2013 a Community Health Advisory Committee began work with community stakeholders prioritizing actions for moving forward.

In March 2013, a Rapid Process Improvement Workshop was completed with a primary focus on Diabetes Education. During this event a team of health care professionals and clients set into motion changes to improve access and delivery of the diabetes education process.

Future direction: Co-locating a team to support patient care delivery with a multidisciplinary team based approach was identified as crucial and a proposal has been submitted to the Ministry of Health to exploring opportunities for funding of space to support the Innovation Model. A Nurse Practitioner position opening is being posted to support the Yorkton Innovation Project and provide interim part-time support to Foam Lake until a successful candidate is recruited to Foam Lake. Work continues on the business plan and work plan to move forward in 2013-14 with the Primary Health Care Innovation Clinic in Yorkton with support to Foam Lake.

Colorectal Cancer Screening Program - Sunrise Health Region became part of the Saskatchewan Cancer Agency Colorectal Cancer Screening program in January, 2013. Through this program, residents have access to colorectal cancer screening with an easy to use home test.

Colorectal cancer is the second most commonly diagnosed cancer in Saskatchewan, accounting for approximately 14% of new cancer cases and it is the second leading cause of cancer deaths. Between 1998 and 2007, there was a 21% increase reported in the number of new colorectal cancer cases in Saskatchewan. However, the disease is over 90% preventable and easily treated when diagnosed in the early stages.

The program uses a Fecal Immunochemical Test (FIT) which looks for blood in the stool that is not visible to the naked eye. The kit also includes a lab requisition form, pre-paid return envelope and information on patient rights to privacy.

Test kits are delivered to eligible residents aged 50-74. Once the in-home test is completed, the sample is mailed to the Provincial Laboratory for analysis in the postage-paid envelope supplied. Participants will receive a letter back from the Screening Program for Colorectal Cancer reporting the results of the FIT test.

Since the screening program for Colorectal Cancer launched in 2009 over 130,000 Saskatchewan residents have been invited to participate in the screening program.

2. Clinical Practice Redesign

Target	Status
• By March 31, 2013, Clinical Practice Redesign will be implemented in SHR in two primary health care sites, one physician clinic and one diagnostic imaging site.	Achieved

Clinical Practice Redesign™ is a provincial initiative focused on improving the patient experience in the continuum of care. A continuum of care is a concept involving an integrated system of care that guides and tracks a patient over time through a comprehensive array of health services. It's about improving processes and communication within, and between, practices to optimize the patient experience.

Results: Saskatchewan health regions, in partnership with the Health Quality Council of Saskatchewan, trained coaches throughout the province to provide customized, on-site support for patients and health care providers.

In Sunrise Health Region, two part-time coaches were hired to work with four sites identified in the needs assessment process: a physician clinic (Dr. Roodt, Yorkton) , two primary health care clinics (Womens's Wellness Centre and Norquay Health Centre) and a medical imaging site (Yorkton Regional Health Centre). This work has included:

- building relationships with health care providers,
- improving office processes and communications within and between other health care providers and services, and
- improving access to services, therefore reducing backlogs

All sites have experienced a variety of improvements in utilizing this new way of working. They continue to be engaged in finding new opportunities to provide their patients with better health, better care and better value through the commitment towards working as better teams.

3. Primary Health Care – Electronic Medical Record

Target	Status
• By March 31, 2013, we will develop a PHC - Electronic Medical Record pilot, linking primary health sites to participating physician clinics and other health care providers.	Achieved

In moving forward with the Primary Health Care Innovation Model, the need to work towards a single patient record and ability to share information to support patient care delivery was identified.

Results: Groundwork was laid in 2012-13 and Optimed™ software will be utilized for the pilot project in Sunrise Health Region. In February 2013, the Primary Health Care Solution Business Manager position was posted. This position will focus on technology linking primary health care sites to physician clinics and other health providers. In March 2013 the position was filled.

Future direction: Project requirements and agreements are being finalized and will be approved in 2013-14.

4. Tobacco Reduction Strategy

Target	Status
• By March 31, 2013, 85% of target staff (i.e. Registered Nurses, Physicians, Pharmacists and Respiratory Therapists) will be trained in engaging clients in smoking cessation. • By July 1, 2013, SHR premises and grounds will be smoke free as per policy.	Partially Achieved

The Tobacco Reduction Strategy is focused on having an environment, which protects clients, staff and the public from second-hand tobacco usage, gives support for clients, staff and physicians who wish to stop using tobacco products and respecting the ceremonial use of tobacco within First Nations healing ceremonies in health facilities.

Results: A detailed Communication Plan was developed and implemented, including news releases and advertisements targeted at the general public, and information updates to staff in professional practice newsletters and articles in the Connection employee newsletter.

Detailed information about the on-line Partnership to Assist with Cessation of Tobacco (PACT) training modules for health professionals was distributed to support engagement and education with patients/residents/clients about the Smoking Policy, availability of Nicotine Replacement Therapy while in hospital and information on resources available to assist with cessation attempts.

As of March 31, 2013 the first analysis of staff completion rates revealed 43% of targeted staff had submitted certificates indicating completion of the on-line PACT training. Reasons for not meeting the original target included: delay in launching of the on-line training program, lack of access to computer workstations, some workstations not being equipped with sound cards & speakers and difficulty in creating/finding time during regular work shifts.

Medical Health Officer Dr. Nsungu established a multi-sectoral advisory committee to serve as forum for information sharing and dialogue on action that may be taken individually and collectively by community-based health and human service organizations in the region in attempting to educate and inform about the addicting nature of commercial tobacco products, and encouraging healthier lifestyle choices.

All premises and grounds in the region will be tobacco free effective July 1, 2013.

Balanced Scorecard Report: ***Better Health***	2009-10	2010-11	2011-12	2012-13	Target 2012-13 p=SK
Hospital Standardized Mortality Ratio (HSMR)	70	67	74	n/a	< Reported 2011-12 (p)
Immunization rate for 2 year-old children	80.5%	79%	81.5	n/a	82%
HPV immunization rate for grade 6	61.0%	76.0%	n/a	n/a	63%
% of LTC residents who receive flu vaccine	91.6%	90.1%	77.0%	81.40%	85%
% of health workforce who receive flu vaccine	41.7%	38.46%	42.19%	n/a	60%

Strategy: Better Care

In partnership with clients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Provincial 5 year Improvement Targets:

- By March 2017, all people have access to appropriate, safe and timely surgical and specialty care as defined by the improvement targets.
- By March 31, 2017, no patient will wait for care in the Emergency Department.
- By 2017, establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors).

Hoshins/ Breakthrough Initiatives:

- **Transform the patient experience through sooner, safer, smarter surgical care.**
- **Safety Culture: focus on patient and staff safety.**

Projects

1. **SHN (*Safer Healthcare Now*) Bundle: Preventing Surgical Site Infections**

Target	Status
• By March 31, 2013, 100% Safer Healthcare Now (SHN) bundle compliance in colorectal and C-section surgical cases.	Partially Achieved

Results: Working with the Safer Healthcare Now! Surgical Infection Bundle, the region focused on implementing the bundle components for Colorectal and Caesarian sections related to the indicators of what causes infections. One hundred % compliance was achieved in four out of the six main indicators; the six indicators are infection rate, hair removal, temperature control, prophylactic antibiotics, skin preparation and glucose control.

Improvements have been made in temperature monitoring throughout the surgical procedure and blood sugar monitoring after surgery. By closely monitoring these factors, health care providers are better equipped to act quickly if an issue arises that may contribute to infection. Staff members also contact patients post-surgery to check on their healing progress, allow questions to be asked and follow-up with post-care options if required.

The remaining two, temperature control and prophylactic antibiotics, will take more time to achieve as they are more complex and require changes within the fundamental operations of the surgical system.

Future direction: Work continues on the surgical system changes needed to achieve 100% compliance on the two indicators of success not achieved in 2012-13. The focus in the upcoming year is implementation of the Surgical Infection Bundle and monitoring compliance for all general, obstetrical and gynecological surgeries.

2. Discharge Planning

Target	Status
• By March 31, 2013, implement a systematic approach with a focus on discharge planning upon admission. (provincial D Minus system implementation)	Achieved

The "D Minus" system for discharge planning involves having everything in place for a patient prior to discharge.

Results:

The Medicine and Surgical Units in Yorkton Regional Health Centre began the "D minus" system to plan for discharge with a "tentative date of discharge" identified on admission. A visual system was implemented to track patient status at a glance.

Yorkton Regional Health Centre has implemented "interdisciplinary daily discharge rounds" on medicine and surgery, which includes physicians, nurses, home care, therapies, dietitians, social workers, etc. in creating a care plan for patients prior to discharge. When patient needs are identified, staff members assist in setting up appropriate services that are required after discharge such as therapy, home care, etc. allowing patient to return home safely. By working with the team of health providers, the process allows everyone to have knowledge of the discharge plan.

A value stream map of the process was created in early 2013, with representation from Health Services and Home Care departments in reviewing current practices in acute care discharge planning.

3. Medication Reconciliation on Admission and Discharge

Target	Status
• By March 31, 2013, 100% of facilities/programs will audit medication reconciliation on admission and discharge.	Achieved

Medication Reconciliation is a strategic breakthrough project designed to prevent medication errors. The first step in the process includes obtaining a complete and accurate list of medications. Patient interviews are a critical step in Medication Reconciliation. When the interview is conducted by a health care provider, it provides the opportunity to review all current medications and verify dosages and usage instructions, especially if there have been recent changes. This helps ensure the safety of the patient and the appropriate use of the medications.

According to research, medication errors are the most common patient safety error in hospital settings. More than 40% of errors are attributed to improper reconciliation - ensuring that the most up-to-date information on medication names, dosages and ways to administer are recorded. *(Source: Safer Healthcare Now! Medication Reconciliation in Acute Care, 2011)*

Results:

Presently medication reconciliation is occurring at all six acute care sites, all thirteen long-term care facilities and all ten Home Care sites within the region. Medication reconciliation has also been initiated on discharge to three of six sites in various phases to community and long-term care within the region. Plans for medication reconciliation audits on discharge are still being developed at a provincial level.

4. Rural Pathway Initiative

Target	Status
• By March 31, 2013, 30% of SHR clients receiving hip, knee and spine surgery will be seen through surgical pathways.	Achieved

An integral part of the Saskatchewan Surgical Initiative - the commitment to provide sooner, safer, smarter surgical care, Clinical Care Pathways use best practices to streamline each step in a patient's journey. Sunrise Health Region has been working to implement care aspects for clients undergoing hip or knee replacement surgeries through the Clinical Care Pathways of pre-surgery education and early intensive rehabilitation post-surgery.

Results: Targets for training staff and physicians in the spinal pathway were met. The spinal clinic was implemented in September, 2012 and has led to a decrease in wait list for spine referrals by 75% as of March 31, 2013, exceeding the set target by 25%.
The hip and knee pathway incorporating patient education sessions via Telehealth was implemented province-wide in March, 2013. We are on target regionally and provincially; next steps include introducing six new pathways over the next three years.

5. SHN (*Safer Healthcare Now*) Bundle: Falls Prevention

Target	Status
• By March 31, 2013, 100% implementation of the Safer Healthcare Now (SHN) Falls Prevention bundle in LTC, Home Care and one Acute Care pilot site. • By March 31, 2013 there will be a 5% reduction in the number of LTC residents in SHR that experience a fall.	Achieved

The Falls Prevention program, focuses on high-risk individuals and how to minimize their risk of injury within all facilities in the health region.

Results: The program has been implemented in long-term care, home care and a pilot project in the Yorkton Regional Health Centre. Success has been achieved in increasing the focus on falls prevention within the region and consistent application of the program throughout. The understanding of why clients are falling has increased with interventions to prevent falls being put in place and reviewed. The next step is to complete the roll out to acute care, focus on interventions and work towards the goal of zero injuries from falls by 2017.

Balanced Scorecard Report: ***Better Care***	2012-13 Q1 Apr - Jun	2012-13 Q2 Jul - Sep	2012-13 Q3 Oct - Dec	2012-13 Q4 Jan - Mar	2012-13 YTD Total/Avg	Target p = SK
% of Target Volume Achieved	105%	105%	102%	111%	106%	100%
Diagnostic Imaging - CT (all Levels)	984	984	957	1043	3968	3750 (p)
% Patients meeting CTAS wait time target - all levels						
Time to Nursing Assessment	96.9%	95.8%	93.0%	97.0%	95.7%	80%
Time to Physician Assessment	88.1%	89.8%	88.0%	91.0%	89.2%	80%
Surgery - % Priority Level IV (6 months)	99%	97%	99%	99%	99%	100% (p)
% of cancer surgeries performed within 3 weeks	96%	75%	91%	78%	85%	95% (p)
% of 3,300 expected surgical cases completed	25%	17%	24%	22%	88%	100% (p)
Efficiency: *Making the best use of resources by reducing waste of equipment, supplies, ideas and energy*						
# Patients in acute care awaiting LTC placement (average daily census) **Target = March 31, 2012**	5.28	4.73	4.38	7.12	5.38	< 6.5 (p)
Highest # in the quarter	13	10	10	15	12	
Lowest # in the quarter	0	1	0	1	1	
Methicillin-Resistant Staphylococcus aureus (MRSA) Rate per 1,000 patient days (Acute sites only)	0.11	0.288	0.35	0	0	< 7.3
% ROP Compliance	89%	89%	67%	67%	78%	100%
# ROP Compliance	32	32	24	24	28	36
% Issue Alerts Reviewed	100%	100%	0%	100%	0%	100%
# of Issue Alerts Received/Reviewed	1	2	0	4	0	
# Critical Incidents	1	0	2	3	6	0
Client Family Centered: *Providing care that is respectful of, and responsive to, individual client preferences needs, values, and beliefs and ensures that customers' values guide all clinical decisions*						
% with Highest Score for Best Possible Hospital (Patient Experience survey inpatient acute care)	21.2%	28.2%	25.5%	N/A	0%	37.1% (p)

Strategy: Better Teams

Build safe, supportive and quality workplaces that support client and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Provincial 5 year Improvement Targets:

- By March 31, 2017, increase staff and physician engagement scores to 80%.

Hoshin/ Breakthrough Initiative:

- **Safety Culture: focus on patient and staff safety.**

Projects

1. **Safety Management System**

Target	Status
• By March 31, 2013, Sunrise Health Region will have completed and begun to implement a system wide employee safety management system plan.	Achieved

Results: This target was achieved through the application of the safety management audit assessment tool in two sites in the region; Yorkton Regional Health Centre and Centennial Special Care Home in Esterhazy. The region had previously completed complementary worksafe audits at three sites; Yorkton and District Nursing Home, Melville Health Care complex and the Yorkton Regional Health Centre. In follow up to the audits, improvement plans were developed with ongoing work in progress in the next fiscal year to move improvements forward. Successfully meeting this target positions the Sunrise Health Region for success in 2013-2014.

Additionally, through implementation of preventative strategies, the Sunrise Health Region experienced 284 isolated incidents in 2012-2013 compared to 319 in the previous year. This represents an 11% decrease. The region is continuing to focus on staff safety as a strategic priority for 2013-2014.

2. **Attendance Management**

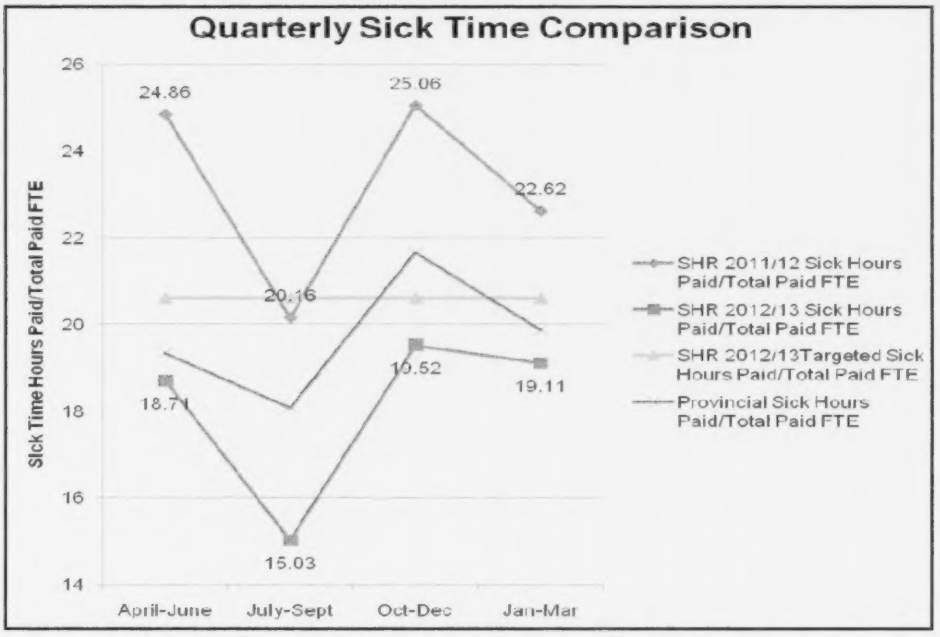
Target	Status
• Sunrise Health Region will meet provincial attendance management targets by March 31, 2013.	Partially Achieved

Sunrise Health Region was experiencing poor employee attendance which was negatively impacting the workplace and consuming unnecessary resources (fiscal and human), potentially impacting the region's current level of service delivery. The accountability agreement identified expected savings be recaptured through reductions in sick time and wage driven premiums. The primary cause of wage driven premiums was sick time replacement.

The region had continuously fallen short of meeting the provincial targets. Sunrise Health Region committed to reducing workplace injury to support a healthy, productive and positive workforce. In addition, a safer workplace contributes to enhanced patient safety.

Results: The organization implemented "Strategies To Enhance Performance" (S.T.E.P.) to address sick time and wage driven premiums. Sunrise Health Region exceeded the sick target with a 22% reduction which saw the region move from 92.62 sick hours paid/total paid FTE in 2011/12 to 72.37 in 2012/13.

Although the region fell slightly short of the target for wage driven premiums, we did experience a 24% reduction and saw the region move from 60.26 WDP hours paid/total paid FTE in 2011/12 to 45.56 in 2012/13.



3. Front Line Management Capacity

Target	Status
• By April 1, 2013, wage-driven premiums are at or below the provincial target • By October 31, 2013, 0% of Front Line Managers' time is spent performing in-scope duties. • By October 31, 2013, service reductions resulting from shortages of front-line staff are eliminated.	Achieved

Front Line Management is key to the success of the organization. A high performing management team leads and manages processes, people and change in order to be successful in providing high quality, safe, health care services. Managers require tools, supports, competencies and an environment to succeed. The Manager's role has become increasingly complex, creating challenges and frustrations related to amount of work, supports and needed proficiencies/competencies.

Several themes have emerged over time regarding the types of activities that divert first line managers from managing performance, leading continuous improvement, and supporting client care. However, objective data had not been collected to support the qualitative feedback from managers. Numerous reviews and reports, including, accreditation reports, administrative reviews, employee opinion and engagement surveys, had noted deficiencies in front line management capacity and indicated a need to make improvements.

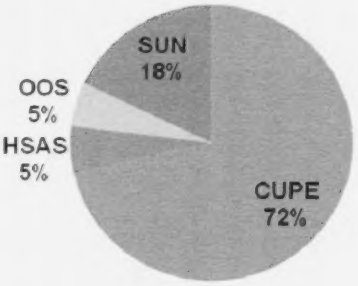
Results:

The region embarked on a collaborative project model with four fellow south regions to collect and analyze data. Emerging themes included activities related to staff scheduling, human resource processes, namely hiring, and daily work such as emails/phone calls/meetings. In response, the region continues to support and move forward with the provincial Gateway Online employee information system, aggressively recruit new staff to alleviate many of the challenges within scheduling and explore additional reporting and informational processes as supports. Initiatives will continue into 2013-2014.

Sunrise Health Region actively recruits in all areas.

As of March 31, 2013, the number of employees by union affiliation was:

- Canadian Union of Public Employees **(CUPE) 2,090**
- Health Sciences Association of Saskatchewan **(HSAS) 165**
- Out of Scope/non-union **(OOS) 152**
- Saskatchewan Union of Nurses **(SUN) 523**
- All employees **2,930**



The Canadian Union of Public Employees (CUPE) is the largest union in Sunrise Health Region. Sunrise Health Region does not have any employees represented by the unions SGEU, SEIU or RWDSU.

Balanced Scorecard Report: ***Better Teams***	2012-13 Q1 Apr - Jun	2012-13 Q2 Jul - Sep	2012-13 Q3 Oct - Dec	2012-13 Q4 Jan - Mar	2012-13 YTD Total/Avg	Target p = SK
Occupational Health & Safety: *the degree to which the risks to employee's physical health, safety and environment have been eliminated*						
# WCB time lost days per 100 FTE **Target = March 31, 2012**	N/A	N/A	N/A	N/A	0	- 16.8% 525.28 (p)
# of Reportable Incidents	N/A	N/A	1	2	3	0
Health and Lifestyle Practices: *the degree to which healthy lifestyles are enabled and supported in the work environment and practiced employees*						
Paid Sick Leave Hours per FTE **Target = March 31, 2012**	18.72	15	19.25	18.87	71.84	- 6.9% 82.44 (p)

Strategy: Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

Provincial 5 year Improvement Targets:

- By March 31, 2017, as part of a multi-year budget strategy, the health system will bend the cost curve by lowering the status quo growth by 1.5%.
- By March 31, 2017, all IT, equipment and infrastructure will be coordinated through provincial planning process to ensure provincial strategic priorities are met.

Hoshins/ Breakthrough Initiatives:

- **Deploy a Continuous Improvement System (Lean).**
- **Identify and provide services collectively through a Shared Services organization.**

Projects

1. **Continuous Improvement System – Capacity Building**

Target	Status
• By March 31, 2012, 100% of the Executive Leadership Team and 35% of the Patient Safety and Improvement Unit staff will be enrolled in Lean certification training.	Achieved

Lean is a patient-centred approach in identifying and eliminating all non-value-added activities and reducing waste within an organization. The Government of Saskatchewan - Ministry of Health has outlined ongoing commitment to using Lean to improve health care for Saskatchewan patients, their families and health care providers. Saskatchewan is the first province in Canada to start implementing Lean across the entire provincial health system.

Health Care providers, physicians, leaders and staff are now participating in training sessions and focused quality improvement projects to ensure that continuous improvement is embedded in Saskatchewan's health system.

Results: A target was set for 100% enrollment of the Executive Leadership Team and 35% of the Patient Safety and Improvement unit staff in Lean Leader certification training by March 31, 2013. The target was surpassed with 26 participants enrolled in the first two waves of Lean Leader Certification in 2012-13, including 100% of the Executive Leadership team, 75% of the Patient Safety & Improvement team and 15 additional regional directors/managers. The Lean certification process will increase our organization's capacity to use the methods and tools of lean to improve our system and create more value-add for our patients and families. Participants are expected to complete the certification process over 12-18 months. In the last quarter of 2012-13, Sunrise started to deliver a one-day workshop on Kaizen Basics/Lean 101 training to help staff understand basic Lean/Kaizen concepts, methods and tools.

Future direction: Kaizen Basics/Lean 101 training provides a foundation for common language and understanding of Lean across the region and will be mandatory for all 2,600 active staff to complete over the next 18 months.

2. Lean Initiatives

Target	Status
• By December 2012, 100% completion of existing Lean projects (Food Services value stream, Hiring Process value stream, Surgical value stream and Lab value stream). • By May 15, 2013, development of a sequencing plan for the seven Lean expressions of interest received in February, 2012. • By March, 2013, surgical wait times not to exceed 6 months	Achieved

Lean is a patient-centred approach in identifying and eliminating all non-value-added activities and reducing waste within an organization.

Results: Implementation plans were targeted for completion by December 31, 2012 in the following value streams:

- Surgical Value Stream
- Hiring Process Value Stream
- YRHC Food Services Value Stream
- Regional Lab Value Stream

The implementation plans for the Surgical Value Stream, the Hiring Process Value Stream and the YRHC Food Services Value Stream were completed by their target dates of December 31, 2012

In the Regional Lab Value Stream; 16 of 22 projects in the implementation plans were completed by December 31, 2012; two more were completed by January 31, 2013; another two were completed by February 28, 2013 and two remain incomplete with work continuing. Both projects will be completed upon installation of equipment.

3. Releasing Time to Care™

Target	Status
• By March 31, 2013, completion of Releasing time to Care™ (RTC) foundational modules and one process module for three units at Yorkton Regional Health Centre. • By March 31, 2013, implementation of RTC in Mental Health and completion of three foundational modules and one process module.	Achieved

Results: Target was to have three Foundational Modules (Knowing How We Are Doing, Well Organized Ward, Patient Status at a Glance) and one of the eight Process Modules completed in the following three units:

- Yorkton Regional Health Centre – Inpatient Surgical unit
- Yorkton Regional Health Centre – Medicine/Pediatrics unit
- Yorkton Regional Health Centre – Medicine unit
- Mental Health – Pine Unit

Targets for completion of three foundational modules and one process module were achieved on all four units by March 31, 2013.

4. CIS – IT and IM Plan

Target	Status
• As part of the Continuous Improvement System (CIS) there will be an Information Technology and Information Management Plan and implementation in alignment with Breakthrough Initiatives and Strategy Deployment	Achieved

Results: An eHealth Strategy Steering Committee was established to develop a policy, procedures, request form, guiding principles and a scoring mechanism for prioritization. A total of 28 projects were submitted for the 2012-2013 fiscal year with ten projects currently in progress and five recurring projects performed on a regular basis. The eHealth Strategy Steering Committee prioritized the remaining projects based on the information submitted and projects were presented to the Information Systems Committee for discussion and projected timelines. A Milestone Chart monitors progress on this project.

The Information Technology / Information Management Master Project Plan has been developed and will be presented to the Sunrise Regional Health Authority Board in May, 2013. Implementation of the plan will occur later in 2013.

5. CIS – Building Infrastructure Plan

Target	Status
• By March 31, 2013, as part of the Continuous Improvement System, building services will be involved in early planning of infrastructure needed to support projects; with 0% change orders in capital infrastructure plans.	Achieved

Results: A Capital Infrastructure Committee was established to develop policy, procedures, request form, guiding principles and a scoring mechanism for prioritization to meet regional changing demands, the deployment of capital management plans / VFA funding, excessive waste, adjacencies, workflow and processes in the system, and incorporate building services into the planning process. A total of thirty-two projects were submitted for the 2013-2014 fiscal year.

The Capital Infrastructure Committee prioritized the thirty-two projects based on the information submitted. Completion of projects are based on need, funding and available resources. Several projects have been completed with others currently in progress. A Milestone Chart is utilized to monitor progress and the Regional Project Plan is updated on a quarterly basis.

6. Implement Shared Services Plan

Target	Status
• By March 31, 2015, achieve the region's share of $100M accumulated total savings through Shared Services initiatives.	Achieved

Results: The provincial target for savings through Shared Services for 2012-2013 was $7 million with cumulative savings of $32 million from 2010 to 2013. Sunrise Health Region was charged with the target to achieve $184,000 in savings for 2012-2013 through participating in the 3sHealth Share Services procurement initiatives.

Provincially, the savings realized for 2012-2013 were $8.5 million ($33.8 million cumulative) with the Sunrise Health Region achieving savings of $315,000 during 2012-2013.

Some of the savings generated were:

Liability Insurance	$87,682
Telecommunications	$10,724
Medical/Surgical Supplies	$41,324
Skin and Wound Care Products	$32,857
Needles and Syringes	$ 9,692
Pharmacy and Generic Drugs	$20,960
Blood Gas Analyzers	$ 9,721

A provincial target of 65% was set for the percentage of goods and services purchased provincially. Provincially this target was not achieved; the percentage of goods and services purchased provincially was 50%. In addition, a provincial target of 20% was set for the percentage of goods and services purchased through New West Partnership; this target was achieved.

Balanced Scorecard Report:
Better Value

	2012-13 Q1 Apr - Jun	2012-13 Q2 Jul - Sep	2012-13 Q3 Oct - Dec	2012-13 Q4 Jan - Mar	2012-13 YTD Total/Avg	Target p = SK
Resource Allocation: *The extent to which resources are being utilized appropriately and efficiently (resource mix)*						
# Wage-driven premium hours per FTE **Target = March 31, 2012**	11.97	10.78	10.17	12.84	45.76	- 28.3% 43.48 (p)
Financial Capacity: *The ability to achieve a desired financial result; achieving targeted outputs while minimizing required inputs*						
YTD Operating Budget Variance in $	$ 239,450	$ 1,068,155	$ 859,718	$696,112	$ 696,112	≥ 0
YTD Variance as % of Budget	0.46%	1.04%	0.56%	0.35%	0.35%	≥ 0 %

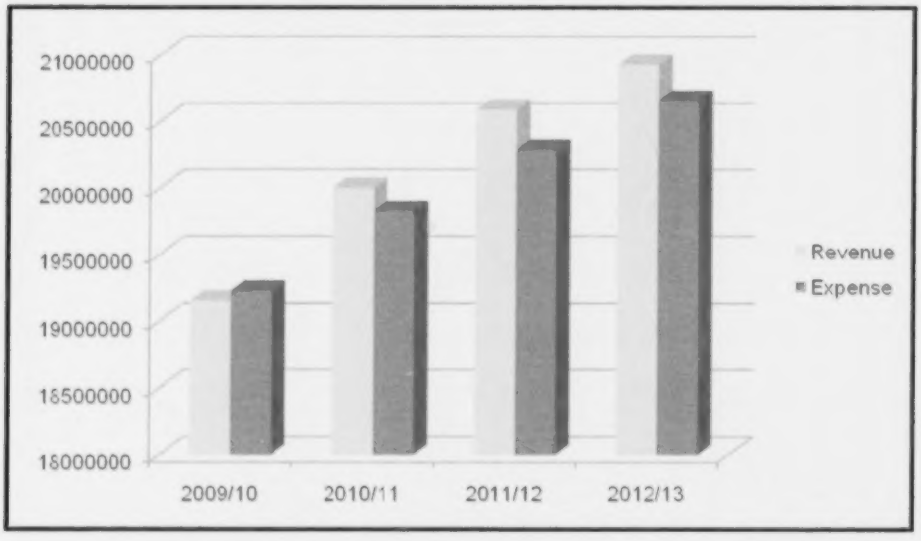
Financial Overview

The health region budgeted for revenue of $208,674,511 with actual revenue of $209,228,262. Operating expenditures of $206,663,661 were budgeted in 2012-13 with actual expenditures of $206,521,300. Throughout the year, Sunrise Health Region managers reviewed monthly variance reports to monitor compliance with their program/department budget.

Sunrise Health Region contained costs and performed well with **a year-end surplus of $2,706,962** of which: **$453,520** is general operational surplus, **$2,253,442** held for mortgages, repayment of the Energy & Facility Renewal Project loans, replacement reserves and other interfund transfers. The provincial accounting practice is that funds held for mortgage and loan repayment appear as a combined number in the operational surplus.

	2012-13
Excess of revenue over expenses	**$2,706,962**
Net increase in operational fund balance	**$453,520**
Surplus as a percentage of operational fund balance	**+0.22**

Year End Financial Comparisons



Business Continuity Plans

Sunrise Health Region has plans in place for continuance of health services in the event of a major disaster, emergency, pandemic, labour disruption, and illness outbreak or service interruption.

The Illness Outbreak Response and Communication Plan standardized illness outbreak responses and guides staff when the Medical Health Officer declares significant illness outbreaks.

The Essential Services Plans are in place to ensure the public is protected from danger to life, health and safety during periods of job action.

Future Outlook and Emerging Issues

In 2012-13, a new method of strategy deployment propelled advancement of the health system. "Hoshin Kanri" is the method of Lean planning and management being used to identify provincial and regional priorities and to engage all staff and physicians in dialogue and activities to achieve those priorities. Major progress was made in all hoshin areas with particularly impressive success to lessen surgical wait times, and reduce sick time and wage driven premiums; areas that the health region had struggled with for many years. The health region expects the momentum of rapid progress to continue in 2013-14 as more staff and physicians become engaged in hoshin kanri and lean transformation.

The priority hoshin improvements for 2013-14 are:

- strengthening patient centred primary health care by improving connectivity and access in innovation sites;
- reducing emergency room waits and improving patient flow;
- reducing surgical wait times to less than three months
- increasing staff and physician engagement
- enhancing a culture of patient and staff safety

Workforce supply is growing in prominence with recruitment pressures and pending retirements. Growth of the labour hungry mining sector has increased wages offered for some classifications considered difficult to recruit, such as management and power engineers. Fourteen percent of Sunrise Health Region employees are eligible for retirement by December 31, 2014. The health region will attempt to mitigate these issues and is partnering with the University of Saskatchewan and Parkland Community College, to prepare for our future workforce needs. A larger range of education and practicum opportunities will be offered in Yorkton in 2013-14 for student nurses and physicians. The health region looks forward to expansion of Parkland Community College and more local education for tradespersons who are needed to build and maintain health system infrastructure.

Infrastructure risk is a concern for the health region. In January 2013, the health region experienced a major structural failure at Invermay Health Centre caused by building age and water damage. Twenty-five residents are temporarily relocated at other facilities in the region. Repairs will be completed in 2013 at a cost of $2.8 million. Cracked wooden beams in the dining room at Canora Gateway Lodge will be repaired in 2013. Ongoing infrastructure problems due to aged buildings in Canora, Esterhazy and Yorkton, and space constraints for services in Yorkton continue to place these three facilities at the top of infrastructure construction needs. In 2012, conceptual plans were prepared and sent to the Ministry of Health. Communities have begun fundraising for the local portion in advance of a provincial decision. To keep the facilities and equipment in good order the preventative/predictive maintenance program in the region, currently a manual system, will be upgraded to a comprehensive electronic system in 2013-14.

There are and will always be challenges in health care and this will not stop the Sunrise Health Region from continuing our pursuit of excellence as we work together for healthy people in healthy communities.

The region was surveyed by Accreditation Canada in November 2012 and accreditation status was confirmed for all Sunrise Health Region facilities. The health region won two of eight "Pursuing Excellence Awards" at the Saskatchewan Health Quality Summit for the Sunrise Health Region oncology pharmacy program and for information technology advancements. Sunrise Health Region presented a variety of initiatives at the request of national and international health care symposiums throughout the year. The health region also achieved its third consecutive balanced budget in 2012-13.

Supporting Documents Available

The following documents are available from the Sunrise Health Region at www.sunrisehealthregion.sk.ca or by calling (306) 786-0110.

- Five Year Strategic Plan
- Hoshins (Breakthrough Strategy) 2013-14
- Balanced Scorecard
- Health Status Report
- Information Management Plan
- Physician Resource Plan
- Workforce Planning & Reporting
- Customer Engagement and Service Expectation Plan

Payee Disclosure List

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

AARRESTAD, CRYSTAL	78,517	BAERR, JUDY	70,988
ABDAI, LAURETTA	119,880	BAJUS, STEPHANIE	68,453
ABDON, ANNALYN	94,812	BAKKE, LORNA	55,282
ABDON, JEFFREY	111,341	BALES, SHERI	82,687
ABRAHAMSON, DAWNA	113,140	BALOG, DONNA	50,000
ABRAHAMSON, THERESA	93,126	BANATAO, MARY JOYC	86,163
ABTOSWAY, ELSIE	52,801	BANCE, ADAM	88,750
ADAMS, JAIME	112,969	BARAN, JUDY	62,644
ADAMS, WENDY	98,845	BARKER, LORRAINE	103,416
ADEWUSI, ADEBOWALE	70,046	BARNES, SHARON	65,428
AICHELE, DARLEEN	50,873	BARTESKI, ANDREA	80,983
AIREY, SYLVIA	57,054	BARTOK, DEANNA	99,012
ALBERS, DONNA	106,157	BASSINGTHWAITE, JOYCE	92,702
ALBERTS, DONALEE	52,170	BATALLONES, ANGELIC C	117,257
ALLEN, DEREK	70,698	BAUTISTA, DONNA DES	103,285
ALSPACH, LISA	82,206	BAUTISTA, MARJORIE	92,944
AMY, KIERSTEN	106,334	BEAHM, NATHAN	85,845
ANDERSON, ANNE	93,525	BEAR, CHERYL	104,861
ANDERSON, LORNA	75,151	BEAR, SHEILA	132,288
ANDRES, RYAN	83,039	BEATTY, DONNA	109,883
ANDREW, H ELAINE	105,073	BEATTY, LAURA	98,739
ANGUS YANKE, MARY	63,387	BEBENEK, DARIN	53,689
ANUIK, JOAN	135,676	BECHAYDA, JEANIEVA	95,694
ARENAS, MYLENE	99,993	BECK, BRENNAN	67,632
ARESHENKO, MARGE	92,620	BECK, SUZANNE	73,738
ARMSTRONG, JANET	57,139	BECKER, BRENDA	82,081
ARNESON, BRIANNA	106,157	BECKER, THERESA	52,826
ARNOLD, SANDRA	157,093	BELANGER, LOUISE	81,288
ARTATES CHAN, RICHELLE	65,334	BELL, KORY	71,484
ARVAY, LORRAINE	50,714	BELL, SHERRY	127,459
BABYAK, CAROLYN	105,558	BELLAMY, DANIELLE	72,715
BABYAK, TWYLA	92,560	BELLEGARDE, CANDICE	92,324
BACHEWICH, JANICE	88,464	BERGLUND, SUSAN	64,010
BADOLES, CHRISTINE	113,031	BERGMAN, CARLY	59,515
BADOWICH, WILLIE	71,423	BERNAL, MARIAHJOE	102,150

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

BERNATH, LORIE	82,986	BROOKS, BRENDA	67,334
BETKER, NOLA	76,324	BROWN RAYNER, ROXANE	90,735
BEWCYK, KERRY	57,221	BRUECKMAN, KAYLENE	56,690
BICOMONG, JONAS	71,316	BRYKSA, GWEN	57,870
BIRCHARD, CHRISTINE	109,437	BRYMER, DORIS	110,036
BISHOP, RHONDA	82,250	BUCHINSKI, LEANNE	81,838
BJORNERUD, LAURIE A	66,358	BUCHINSKI, SHARON	102,174
BLACK, STACY	133,246	BUCKBERGER, WANDA	76,737
BLENNER HASSETT, BONNIE	80,331	BUCSIS, KIM	118,134
BLOMMAERT, BAREND	65,014	BUDD, PATRICIA	69,560
BLOMMAERT, HIDY	118,553	BUENNEKE, SANDRA	53,701
BOAL, TESSA	56,906	BUETTNER, KATHERINE	72,729
BODNAR, JOANNE	118,007	BUHLER, DEBBIE	90,646
BODNARYK, RANDY	72,559	BUMAGAT, JHOANA PA	144,759
BOHN, DEBORAH	131,643	BURBACK, DWAYNE	104,214
BOHUN, BRENDA	57,798	BURNS, BRYCE	60,817
BOHUN, CHRISTOPH	60,549	BYBLOW, JACQUEL	94,032
BOMBERAK, TANIA	71,658	BYCZYNSKI, BEVERLEY	88,381
BONE, ROBERT	52,843	CALEF, SUSAN	86,882
BONICK, LOUISE	73,404	CALLIN, REBECCA	81,792
BORGFORD, BEVERLEY	85,296	CAMERON, CAROLYN	104,735
BORNYK, VINCENT	103,731	CANFIELD, LINDA	100,019
BORYS, KIMBERLEY	64,758	CANNON, WILLIAM	112,970
BOT, RANDY	76,946	CARNDUFF, KAREN	71,626
BOTHNER, ANGELA	55,946	CASALMER, JORIE LEI	94,153
BOURNE, COLLEEN	75,868	CASTILLO, JUDAE ANN	107,099
BOWES, DONNA	57,336	CASTILLO, VINCENT B	51,222
BOYCE, TWILA	97,404	CENTINO, IVY	99,891
BOYD, KEELY	69,785	CHASE, SHELLEY	129,465
BRACEWELL, GRACE	101,656	CHERNEY, ERICA	68,177
BREITKREUZ, ANNE	66,099	CHERNOFF, CARLA	71,852
BREITKREUZ, JAYNELLE	89,194	CHESNEY, CHERYL	55,570
BREITKREUZ, LAURIE	78,394	CHEVRIER, SUZANNE	67,413
BREITKREUZ, MARTHA	91,189	CHOAT, DARCY	120,555
BRENNER, DONNA	51,361	CHOPTUIK, KAREN	74,970
BREWER DUDA, JENNIFER	50,642	CHOPTY, LEONA	68,731
BRODA, CHRISTY	95,265	CHORNEY, DOROTHY	50,802
BRODA, NANCY	66,763	CHRISTNER, ANDREW	56,076
BRODA, TANNIS	68,390	CHRISTOPHER, GLEN-MARY	87,481

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

CHUPA, BRIAN	99,418	DERKACH, HILDA	50,597
CHUPIK, TERESA	102,468	DESWIAGE, EILEEN	96,331
CHURKO, JOANNE	190,649	DETILLIEUX, JASON	55,964
CHURKO, JOCELYN	72,553	DIDUCK, KATHERINE	111,263
CHYZ, CORY	67,232	DIERKER, JEAN	76,670
CLAIRMONT, JOANNE	61,857	DIERKER, TAMSEN	99,605
CLARK, HELEN	132,854	DILTS, JUDITH	114,319
CLARKE, LINDA	79,776	DIMALANTA, LHEIZA	52,335
CLEMENTS, SHEILA	105,366	DIMAPILIS, MYLA	124,750
COBB, JANICE	69,201	DIXON, BELINDA	100,700
COLEMAN, DEBBIE	82,441	DIXON, CONNIE	72,752
COMBRES, GILBERT	90,421	DIZON, EMMANUEL	102,831
COTE, JANICE	50,054	DOBKO, KIM	101,248
COTE, SANTANA	69,423	DOBKO, ROBIN	60,851
COTTENIE, DEBORAH	113,850	DOMINEY, JENIFER	79,207
CRANWELL, CATHY	70,836	DONGLA, KATHLEEN	137,652
CRIDDLE, SAMANTHA	68,313	DONGLA, NESTIE	116,016
CRISANTO, ALVINCITO	120,312	DOOLING, DOUG	50,643
CRISANTO, DAWN REIT	91,341	DREGER, CHRISTINE	70,248
CROSS, BRANDI	62,227	DREGER, SHARON	50,231
CROW, DANETTE	110,243	DUBELT, AGNES	77,746
CURSONS, MELISSA	78,061	DUBNYK, NANCY	117,669
CYMBALISTY, IRENE	68,083	DUBREUIL, MARIE	67,376
CYMBALISTY, PHYLLIS	96,110	DUDA, SUSAN	121,016
CYR PHILIPCHUK, SUSANNE	142,270	DUFF, BARBARA	97,063
DALES, CHERYL	104,409	DUMKA, SHERI RAE	97,349
DAREICHUK, RUTH	125,125	DUNCALFE, ROGER	75,744
DAUM, GAYLE	110,541	DUNCAN, SHERRY-LE	94,389
DAVIS, KELLY	51,478	DURSUN, SHARM	65,443
DAVIS, LORELEE	69,689	DUTCHAK, MONICA	106,157
DEBNAM, MARILYN	81,564	DYKER, LYNN	62,233
DECORBY, ALLISON	80,906	ECKHART, BEVERLEY	56,713
DEDMAN, BRENDA	79,429	EDEL, KERRI	58,863
DELANY, KATHERINE	63,413	EDLIN, ROBERT	91,031
DELONG, KAREN	54,827	EDWARDS, VALERIE	93,367
DEMCHUK, ANITA	75,120	ELASCHUK, SUZANNE	78,263
DENESIK, RHEA	61,514	ELDER, MARLENE	51,869
DENNIS, LORRAINE	114,852	ELLIOTT, TERESA	60,260
DENYSEK, CHRISTINA	204,193	ELLIS, JACKIE	83,963
DERENIWSKY, KRISTEN	98,253	ELMY, VERENE	91,862

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

ERHARDT, LORETTA	102,531	FRANKLIN, ROXANNE	70,221
ERICK, DARIS	50,123	FREDERICKSON, JUDY	107,394
ERICKSON, GLENDA	75,795	FRICK, GRACE	91,503
ERICKSON, TRACY	65,318	FRICK, LAURIE	64,605
ERICKSON, VERONICA	50,783	FRITZKE, JANICE	99,000
ESKRA, BRANDON	85,608	FROEHLICH, PERRY	91,312
ESSOM, RICHARD	77,599	FROH, PENNY	101,794
EUGIN, REGIN	81,728	FUCHES, BEVERLEY	89,031
EXNER, KARALYN	79,121	GABRIEL, DONALD	100,980
FAHLMAN, JEANETTE	109,569	GARDINER, CALLIE	82,354
FAHLMAN, KRYSTALEE	57,576	GARTNER, HEATHER	73,693
FALKINER, CHARLENE	138,139	GAUDET, MEGAN	81,658
FALLOWS, BRIAN	69,914	GAUDRY, JON	78,405
FARKES, WANDA	75,347	GEMBEY, DEBORAH	74,326
FAYE, SHELLY	95,723	GERMAN, DAYNA	91,741
FEDAK, MARCELLA	79,409	GHANBARY, FARHAD	66,411
FEDORAK, GAIL	84,474	GIANNIOS, HELEN	59,956
FEDORCHUK, KATHY	82,186	GIBB, KENDRA	64,112
FEDUN, RICHARD	60,280	GILLESPIE, CARLA	70,107
FENNING, CRAIG	73,780	GIONG, KIM	64,839
FENWICK, SHERILYN	81,096	GLODOVEZA, ELOISA	102,417
FICHTNER, TRACY	75,970	GOODMAN, CINDY	57,940
FIEGE, CHELSEA	65,197	GOODSON, GRANT	56,098
FIEGE, PATRICIA	80,866	GRAY, CORY	72,104
FIELDING, ROGER	77,484	GRIFFITH, WENDY	81,561
FINNERTY, PATRICIA	50,386	GRODZINSKI, LISA	95,124
FINNIE, NEIL	63,126	GRYWACHESKI, DEBORA L	94,146
FISHER, CHRIS	69,846	GULKA, BECKY	73,627
FISHER, JULIA	87,142	GULKA, LESLIE	146,754
FISKE, DANIELA	66,128	GULRUD, JOHN	65,808
FLAMAN, JANICE	105,756	GUNTHER, MARCY	53,565
FLEGER, KIMBERLY	71,526	GUSTAFSON, EUNICE	81,943
FLUNDRA, CONNIE	86,455	HABERMAN, JOAN	52,508
FOGG, MARIANNE	96,551	HADUBIAK, CONSTANCE	68,987
FOGG, SHELLY	83,255	HAHN BROWN, NOREEN	64,624
FONTANILLA, MOONYEEN	94,659	HALAREWICH, SHERYL	75,854
FOSTER, MANDIE	53,567	HALE, RALPH	58,151
FOX, SHERRELL	118,125	HALL, CYNTHIA	56,183
FRANCK, BEVERLEY	52,727	HALYK, DORETTA	55,711
FRANKE, JULIETTE	118,279	HALYK, EDITH	97,327

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

HALYK, MARCIE	67,297
HALYK, THERESA	103,653
HANCOCK, MARGARET	145,006
HANNAH, JANICE	66,653
HANSON, CINDY	51,154
HARPER, MARGARET	60,639
HARPER, NORMA	59,397
HASSETT, TRACY	106,314
HATTON, IRENE	77,095
HAUSER, BONNIE	67,975
HAWKINS, RHONDA	66,855
HEGEDUS, MELVINA	87,185
HENDERSON, LORI	53,274
HESKIN, CAROL	89,562
HICKIE, LAURIE	50,368
HICKIE, LINDSAY	83,142
HILDERMAN, CHRISTEN	54,338
HILTON, FRED	82,081
HNATYSHYN, WANDA	51,002
HOFFMAN, JANET	96,956
HOLLINGER, LEANNE	111,767
HOLOVACH, BARBARA	78,354
HOLOWATUK, GREER	100,476
HOLZMANN, JACQUEL	104,782
HONEYWICH, BRIAN	70,078
HONEYWICH, SHERI	73,378
HORDICHUK, ERNEST	160,250
HORNUNG, DIANA	107,820
HOTOMANI, TASHA	67,730
HOTZAK, YVONNE	90,521
HOVDE, CAROLE	115,598
HOWARD, ARLETTE	104,631
HOWARD, KIMBERLY	102,156
HOYT, JUDY	61,426
HOYT, KIMBERLEY	100,529
HREBENIK, MELISSA	122,472
HRENYK, JEANETTE	69,759
HUBER, KEVIN	98,520
HUBER, LEANNE	82,370
HUCKABAY, ANTHONY	107,690
HUCKABAY, KRISTY	56,041
HUDYE, HOLLY	81,709
HUGHES, DENNIS	69,494
HULL, EVELYN	69,775
HUNKO, LANA	87,662
IGBERAESE, FLORENCE	88,743
INAYAT, UMBERTO	95,377
IRVINE, PEARL	59,310
ISSAC, JESSY	53,174
JACK, FAYE	53,830
JACKSON, ADELE	106,675
JACOB, CARLA	83,719
JACOB, REEN	60,378
JACOBSON, SCOTT	88,128
JACQUES, MICHELLE	56,005
JALMANZAR, ROLDAN	97,611
JAMIESON, KARA	62,094
JANSSEN, COLLEEN	76,191
JANZEN, BRIAN	69,235
JANZEN, JESSICA	72,482
JANZEN, MELISSA	58,257
JANZEN, PATRICIA	58,100
JARVIS, JODI	75,954
JAYASINGHE, SHERANGA	118,134
JAYASREE, SARANYA	60,761
JENDRASHESKE, CARRIE	56,980
JOHN, JOSINA	75,345
JOHNSON, CATHERINE	94,210
JOHNSON, DEBBIE	81,438
JOHNSON, FJOLA	50,508
JOHNSON, SHEILA	64,790
JOHNSTON, LYNDSAY	65,070
JONSON, LOIS	98,513
JOSEPH, EBIN	80,466
JOSEPH, LESLINE	97,183
JOSEPH, SWAPNA	85,881
JOSEPH, THARUN	70,315
JOY, JOEMON	82,765
JUST, KRISTA	61,745
KABATOFF, ANGELINA	71,530

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

KACZUR ZIMMER, SHERRIE	111,835
KACZUR, KIRSTIN	80,768
KAISER, SHANNON	121,272
KAMALASANAN, ALAKA	72,050
KANNENBERG, ANITA	86,957
KARKUT, BERNADETT	97,976
KASPRICK, TIM	70,185
KAUR, TARANDEEP	52,443
KEIL, FERN	81,585
KELBAUGH, LINDSAY	51,514
KELL, LISA	59,720
KELLEN, JOY	92,881
KELLER, DEREK	104,861
KELLER, KRISTIN	63,492
KELLER, LORI	101,846
KENNEDY, DAWN	127,036
KERR, YVONNE	63,476
KIDDER, MICHELLE	106,668
KINCH, DENISE	65,645
KINDIAK, KIMBERLY	50,064
KIRKHAM, SHERI	75,278
KIRSCH, TAMMY	52,281
KIRSCHMAN, KELLY	72,166
KITCHEN, DEBRA	66,544
KITCHEN, RONALD	63,951
KITZ, SHARILYN	53,787
KITZAN, TRACY	86,122
KITZUL, LAURIE	58,287
KLAPAK, DANA	61,960
KLAPATIUK, JANET	143,131
KLUK, DAVID	106,441
KLUK, GEORGETTE	97,563
KLUK, SHELLEY	88,874
KLUS, BETTY	76,044
KOBAN, GERALDINE	94,092
KOHLERT, CAROL	54,423
KOLISNEK, CAROL	68,894
KOLISNEK, KEN	76,130
KOMINETSKY, DENISE	68,150
KONAN, MELODY	98,198
KOPAN, LORETTA	50,903
KOROLEK, LINDSAY	65,159
KOROLL, DIANNE	54,674
KOSEDY, CAROL	67,740
KOSHELUK, SABRINA	50,119
KOSKIE, SUSAN	117,657
KOTIN, SVETLANA	196,734
KOZUN, LEANNE	72,400
KRASOWSKI, TAMARA	61,373
KREISER, DIANE	68,682
KRETT, JENNIFER	74,803
KRIGER, KEVIN	65,893
KROCHAK, CARLA	111,341
KROCHAK, SHERRILEE	50,965
KRUPSKI, LINDA	101,483
KRYKLYWICZ, PATRICIA	102,899
KUANG LING WANG, JASON	63,453
KULCSAR, BEVERLY	51,386
KULCSAR, MICHELLE	77,214
KUNKEL, RUTH	77,613
KUNTZ, MICHELE	50,688
KUSPIRA, PAT	104,861
KYRYLUK, SABRINA	53,023
LAEVENS, BERNADINE	64,692
LAJEUNESSE, KATHALEEN	70,782
LAMBERTY, L CELESTE	59,432
LANDSTAD, ASHLEY	80,708
LANDSTAD, AUDREY	105,546
LANDSTAD, SHANN	58,946
LANGAN, RENEE	99,476
LANSBERRY, BRETT	86,086
LAROCQUE, COLLEEN	76,874
LAROSE JUNEK, LISA	63,606
LARSON, LORI	96,351
LATHAM, RONNELL	79,543
LAURENT, SUANN	297,100
LAVIOLETTE, WILMA	80,641
LAW, VERNA	77,188
LAWRENCE, GERARD	104,585
LAYCOCK, TERESA	61,190

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

LAZAR, KERI	94,661	MALAYNEY, CHARLENE	95,060
LAZARUK, VANESSA	75,816	MALINOWSKI, CAROL	51,066
LEGGE, KAREN	95,445	MANDZUK, SHELLEY	67,215
LENDERBECK, ELEANOR	97,695	MANLEY, SELENA	50,440
LEONARD, KAREN	78,828	MARFLEET, CHERYL	51,706
LEONARD, SERGE	106,427	MARIANO, DOREEN	102,084
LEONOR, CLINT	88,151	MARTIN, JENNIFER	106,157
LEPPINGTON, BRENDA	91,052	MARTINOOK, TRACEY	134,048
LIEBRECHT, WILMA	92,901	MATISHO, MARGARET	76,944
LIEBREICH, VERNA	59,538	MATSALLA, DEBORAH	65,854
LIM, MARITESS	126,201	MAUPIN, KAREN	53,442
LINDENBACH, ROBERTA	53,070	MAURER, VIRGINIA	51,052
LINGL, ARLENE	75,806	MAYER, JOEL	73,663
LINK, DEBRA	57,351	MAYER, PAULA	82,272
LITCHFIELD, JOANI	89,220	MCCLINTON, SYLVIA	51,330
LITZENBERGER, SARAH	69,153	MCCORMICK, DONNA	122,730
LIVINGSTON, HEATHER	62,282	MCDOUGALL, DIANE	132,573
LIVINGSTONE, LILIA	65,473	MCGILL, GLENN	129,422
LIVINGSTONE, PATRICK	90,845	MCGILLIVRAY, SONYA	60,371
LOCH, CRYSTAL	59,597	MCIVOR, MEGAN	83,556
LOMBARD, HERMANUS	432,134	MCKAY, KARA	56,938
LONG, JENNIFER	78,903	MCKEE, BRENT	77,472
LUBINIECKI, BRENDA	95,135	MCKENZIE, TAMMY	71,557
LUDWAR, KIM	64,268	MCLAREN, MARIA	89,421
LUTZ, KAREN	100,470	MCLAUGHLIN, JENNIFER	50,296
LUTZ, YVONNE	82,353	MCLEOD, DONNA	81,184
LYS, LESLIE	58,447	MCLEOD, KYLA	51,897
LYSAK, LORRAINE	93,253	MCMORRIS, BONITA	71,808
LYSIUK, DEBRA	103,206	MCNEIL, KELLY	91,335
MACFARLANE, TAMMY	64,466	MEHLING, CHARMAINE	101,308
MACKAY, DALE	73,172	MELNECHENKO, CURTIS	51,235
MACKENZIE, BRENDA	87,071	MELNECHENKO, MARGO	73,066
MACLEAN, BRENDA	106,531	MENDOZA, MARY GRAC	108,531
MACPHERSON, MEGAN	62,982	MESS, LINDA	72,828
MACZA, SHELLY	91,327	METZLER, BETTY	115,797
MAGDUGO, JANNETTE	97,667	METZLER, CAM	59,428
MAGER, BRENDA	62,101	METZLER, TAMMY	56,469
MAKOWSKY, ROSE MARI	56,189	MICHALCEWICH, WESLEY	54,084
MAKSYMETZ, HAROLD	75,017	MICHALCHUK, KENNETH	66,847
MAKSYMIW, DORIS C	94,956	MICHALCHUK, SANDEE	64,454

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

MILBRANDT, FAITH	52,719
MILBRANDT, MARLON	91,146
MILLER, BRITTON	68,827
MILLER, CHELSEA	81,420
MILLER, DIANE	59,301
MILLER, JOY	80,984
MILLER, WADE	81,585
MILO, SHARON	77,378
MINARIK, BRENDA	51,607
MOLNAR, GRANT	58,364
MOLNAR, KARA	92,343
MOORE, ANGELA	70,375
MOORE, LAUREL	81,810
MOORMAN, TINA	67,143
MORASH, KAYLA	68,368
MORASH, LORI	106,117
MORGAN, CRIS	82,948
MORTON, MICHAEL	54,801
MOSELEY, DIONNE	78,150
MOSIONDZ, CHERISE	71,098
MOTTER, SHARON	90,394
MROZOWICH, APRIL	74,349
MROZOWICH, JERRY	82,078
MUCHA, LANA	79,030
MUIR, CATHERINE	106,957
MURPHY PARK, JACKIE	73,933
MURPHY, NORMA	61,251
MURRAY, BRENNA	64,512
MURRAY, SANDRA	102,497
NACLIA, WENDY	68,075
NADUVILAVEETIL J, GIFFY	64,762
NAGRAMA, TARCILA	103,815
NAGY MALINOSKI, CORREEN	106,157
NAGY, MELANIE	89,037
NAGY, RONNA	71,017
NASBY, AARON	74,801
NAZAREVICH, ANDREA	66,835
NEAL, JOANNE	50,926
NEEDHAM, DIANNE	113,170
NELSON, JANE	142,905
NEUBAUER, SHANNAN	113,885
NEUFELD, ARLENE	62,989
NICHOL, LYNN	89,588
NIEBERGALL, TAMARA	59,598
NIECKAR, GAIL	72,583
NIELSEN, TAREN	57,981
NIVARTHIL KUTTAP, SHINTAMOL	83,291
NORDIN, AMY	114,194
NORTON, FAITH	76,869
NOVAK, SHARLENE	73,674
NOVAK, TARA	72,470
NSUNGU, MANDIANGU	261,706
NUSSBAUMER, GLENDA	68,082
NUSSBAUMER, RACHEL	74,077
NYSTROM, TANYA	98,687
O BYRNE, MARDEL	77,886
O DONNELL, KERRY	62,683
OJO, ABIOLA MA	82,343
OKRAINEC, LOIS	93,229
OKRAINETZ, LAURAL	59,368
OLEYNIK, MABEL	67,779
OLIJNYK, MICHELLE	136,811
OLSON, SHIRLEY	73,378
OLSON, TANNIS	71,121
OLYNYK, DEBBIE	50,726
OLYNYK, PHYLLIS	63,101
ONEILL, VINCENZA	77,096
ONESCHUK, CHRISSY	51,008
ONESCHUK, RHONDA	63,673
ONSLOW KITZAN, DEBRA	98,846
ONSLOW, DARLENE	107,334
ONSLOW, ETHEL	58,839
OROSZ, LINDA	62,034
ORTYNSKI, LEANNE	50,802
OSECKI, LEANNE	103,344
OSTAFICHUK, MAYNARD	91,829
OSTAPOWICH, VICTORIA	51,205
OWCHAR, STEPHANIE	52,157
PACEY, BEVERLEY	118,134
PACHAL, SHIRLEY	75,308

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

PACHOLKA, BRENDA	93,141
PADAR, SANDRA	98,270
PADDOCK, CARMELLE	78,934
PADOLINA, RINA	100,147
PADUA, TERESA	73,362
PAKISH, DONNA	52,187
PALCHEWICH, ELIZABETH	115,497
PARKER, PATRICIA	102,438
PARKER, SHARON	59,082
PARKER, TANYA	58,798
PARKVOLD, CARRIE	93,268
PARKVOLD, JASON	92,867
PARSONS, GAIL	94,699
PASIECHNYK, LINDA	78,814
PASKARUK, ROBERT	56,926
PASLOSKI, BRENDA	82,203
PATINO, SHIELA	95,221
PATRICK, CONNIE	82,081
PATRON, ALYSIA	67,765
PATRON, ARLENE	74,090
PAWLIW, LOIS	83,696
PEDDE, JOYCE	50,522
PEESKER, SHIRLEY	57,424
PEET, CHRISTOPH	78,747
PELECHATY, CARLA A	93,679
PELECHATY, DEBORAH	54,821
PENNER, TRACY	58,428
PEREPIOLKIN, PATRICIA	124,861
PEREZ, ESPERANZA	87,486
PERRAULT STREETE, LISE	96,412
PETRACEK, SUSAN	59,072
PETRIE, ELEANORE	81,249
PFEIFER, KIMBERLEY	84,362
PICKARD, VIRGINIA	97,114
PIERCE, SHIRLEY	79,736
PILIPOW, JANICE	73,323
PINDER, LENORE	91,012
PINDUS, SHAWN	93,933
PLANEDIN, JOAN	106,157
PODOVINNIKOFF, JANIE	108,376
PODOVINNIKOFF, TERRYLINE	75,671
POLK, SHERRY	70,500
POLLOCK, SHAUNA	76,804
POLOWICK, INA LEE	76,718
POLVI, MARCIA	61,387
PONCSAK, DEAN	58,452
POPOFF, ANNETTE	57,097
POWELL, TRICIA	68,779
POWERS, KIMBERLEY	71,503
PROBE, JUDY	87,470
PROKOPETZ, LISA	73,612
PROTSKO, BRENDA	51,522
PROTZ, SHARON	58,080
PRYCHAK, SHERI	137,235
PRYHITKA, JOCELYN	52,427
PSHYK, DELORES	53,064
PSHYK, PETER	50,994
PUCKETT, SHELLY	90,372
PUNZALAN, ELILOU	82,021
PURITCH, SUSAN	69,349
PURYK, KYILA	64,460
PURYK, TEGAN	60,767
PUTHUKALLEL VARG, BLESS	83,547
PYE, LINDA	68,388
RAC, ZLATICA	74,722
RADA, LINA	105,823
RADCHUK, LEANNE	74,308
RAE, IRIS	94,167
RAE, KATHERINE	70,186
RAMM, JOHN	69,252
RANSOME, LISA	75,057
RANSON, JUDY	70,021
RASMUSSEN, DANETTE	50,441
RATHGEBER, LISA	56,146
RATHGEBER, WESLEY	51,786
REAL, VANESSA G	105,916
REDENBACH, TARA	99,551
REGIMBAL, RENEE	105,322
REIMAN, DEBRA	58,830
RELATADO, ESTRELLA	50,365

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

RENKAS, ELEANOR	61,359
RENKAS, SHELLEY	128,427
RIEGER, LINDA	112,066
RITCHIE, CAROL	50,344
ROBERTSON, GAYLEEN	67,699
ROBINSON, ROBIN	86,307
RODEN, AMANDA	62,953
RODGER, PEGGY	154,780
RODRIGUEZ, MA OLIVIA	105,833
ROGALSKI, SARAH	55,433
ROGG, COLEEN	76,830
ROSE, CANDISE	75,582
ROSS, ROANNA	103,860
ROZDEBA, CRES	73,210
RUDACHYK, COLLEEN	54,180
RUDY, SHARON	80,150
RUF, AIMEE	52,615
RUF, BRIAN	56,320
RUF, JUSTIN	110,213
RUF, LINDA	54,471
RUF, WENDY	54,000
RUSHKA, MARGARET	78,209
RUSNAK, JANNA LEA	140,284
RUSSELL, ANNA	89,033
RUSSELL, HEIDI	64,524
RUSSELL, PAMELA	57,902
RUTEN, ELIZABETH	68,519
RUTZKI, KIM	87,525
RUTZKI, MARLAYNA	86,326
SAALMANN, BEATE	65,450
SANCHEZ, CARLON	136,007
SANCHEZ, MARIA MEL	76,643
SAPINOSO, JONABELLE	60,121
SAUSER, LEANNE	59,984
SAWCHUK, DEBBIE	89,199
SAWCHUK, KAITLIN	56,051
SAWCHUK, KRYSTAL	78,727
SAWKIW, KAREN	106,422
SCHAAB, LORETTA	73,180
SCHAAN, CANDACE	90,346
SCHERGEVITCH, THERESA	56,947
SCHERLE, DALE	90,227
SCHICK, DELORES	90,054
SCHICK, JENNIFER	130,648
SCHINDLER, DURRIE	127,785
SCHLECHTER, JAMIE	61,741
SCHMIDT, DEBORAH	112,037
SCHMIDT, KENT	91,007
SCHMIDT, SHANNON	86,871
SCHULTZ, AMANDA	83,162
SCHUTZ, SHARI	70,022
SCHWINDT, PHILLIP	59,451
SEDLEY, KENDRA	72,110
SEDLMEIR BULLOCK, FRANZISKA	59,967
SEELEY, WENDY	104,951
SEMESCHUK, LEANNE	110,343
SEMESCHUK, RODNEY	60,326
SEMILLANO, CHERRY PI	109,347
SERNOWSKI, SHARNA	68,180
SEVERSON, CHELSEA	82,993
SHABATOSKI, COLLEEN	57,905
SHABATURA, KYLA	51,599
SHANNON, TAMMY	67,339
SHARP, DIANE	65,372
SHARP, LESLIE	91,087
SHAW, ROXANNE	91,282
SHEESHKA, LOREE	78,224
SHEPPARD, MICHELLE	57,045
SHEWCHUK, GLADYS	93,207
SHEWCHUK, KAETLYN	73,164
SHEWCHUK, PHYLLIS	88,348
SHIER, BREANNA	78,734
SHIPLACK, KERRI LYN	70,971
SHIVAK KWEENS, DAWN	92,771
SHUMAY, SHERRY	65,039
SHWAGA, KOLI ANN	164,259
SICINSKI, SUSAN	78,310
SIDHU, PRABHJOT	65,138
SIES, BRYAN	52,271
SIES, KATHLEEN	56,077

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

SIMLE, JOCELYN	60,566
SIMPSON, JANET	90,130
SKORETZ, JOANNE	50,138
SLIVENSKI, CINDY	50,568
SLONSKI, LINDA	100,071
SLOWLEY, MARANDINA	72,842
SLOWSKI, AUDREY	69,087
SMITH, MICHELLE	72,427
SMULAN, CAROLE	77,718
SOBKOW, ERNA	81,157
SORENSEN, CHARLOTTE	50,424
SOWA, CAROLLEE	82,384
SOYKA, KENDRA	70,534
SPEZOWKA, PATRICIA	66,934
SPRACKLIN CROSS, LINDA	64,102
SPYKERMAN, SUZEL	63,339
ST MARS, RAY	103,607
STADEL, JADE	55,294
STANICKI, SHARON	62,875
STANKEWICH, MARK	63,075
STANLEY, JACKI	80,192
STECHYSHYN, DARLA	101,634
STEELE, LOUISE	116,070
STEVELY, KAREN	90,372
STOKES, SANDRA	92,864
STOLL, MOIRA	81,249
STOPA, PATRICIA	104,244
STOUT, LORRIE	57,341
STOYKO, WENDY	111,384
STRATECHUK, TWYLA	91,000
STRELIOFF, KELLY	61,190
STRINGFELLOW, CAROLINE	106,157
STROEDER, DEBORAH	82,081
STRUKOFF, GAIL	95,253
STRUTYNSKI, MARTHA	93,085
STUSEK, LORELEI	177,977
STUSEK, STAN	63,179
SUDSBEAR, TASHA	74,917
SUEHSSCHLAF, KAREN	87,140
SUNGCANG, MARY JOSE	103,703
SUSCHINSKY, DOREEN	145,744
SUTCLIFFE, DEBRA	93,487
SUTTER, DAVID	118,134
SWEHLA, KATHERN	58,016
SWEJDA, RICHARD	62,657
SWITZER, SHONA	77,183
SZABO, TRENT	133,401
SZUMUTKU, SUZETTE	82,081
TATARYN, ARLENE	51,557
TAYLOR, CAROL	59,206
TAYLOR, SHAWNA	65,471
TE, AL NINO	140,965
THIESSEN, CHERYL	76,383
THOMAS, CHARLENE	70,619
THOMPSON, ARLA	51,162
THOMPSON, BARBARA	81,651
THOMPSON, BRENNAN	50,419
THOMPSON, KAYLEE	68,810
THOMSON, FRED	71,937
THOMSON, KAREN	73,378
THREINEN, DONNA	94,846
TIESZEN, JONATHAN	60,701
TILLUSZ, DAVE	65,277
TOCHOR, BARRY	66,687
TOLENTINO, DAISY	99,831
TOMSKI, GLADYS	53,687
TOPLISS, LACEY	118,757
TORRIE, HEATHER	80,441
TRATCH, KAREN	83,814
TRAUB, DEVON	66,992
TRAYNOR, AMANDA	56,162
TROPIN, SHARON	104,725
TROWELL REPSCH, MICHELLE	83,941
TURCOTTE, MARIE	114,585
ULLRICH, LANDON	81,287
UMANA, UKEME	125,915
UNCHULENKO, CAROL	106,427
UNGAR, CARLA	81,890
UNTERSCHUTE, BRETT	66,538
VAN PARYS, TERI	61,569

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Personal Services (Cont)

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

VAUGHAN HASTIE, SANDRA	83,943
VICENTE, GEENDALE	140,405
VJACOB, JISSMOL	65,038
VOLMAN, KIMBERLEY	54,066
WAGNER, GREGORY	87,090
WAGNER, J BRENT	63,622
WALCHUK, CYNTHIA	83,967
WALKER, DONNA	81,397
WALKER, PAULETTE	51,021
WALKER, SHERRI	105,541
WALLACE, JAMES	118,134
WALLIN, DANITA	57,156
WALSH, NOLA	118,134
WANNER, ROSELLA	85,630
WARBURTON, KATHRYN	69,079
WARD, DEBRA	52,486
WASYLUK, RHONDA	108,588
WASYLYSHEN, LISA	95,860
WEBER, WANDA	103,905
WEGNER, KARYN	64,211
WEICHEL, KIMBERLEY	72,302
WEISS, LEAH	105,769
WERLE, HAZEL	99,982
WERLE, LINDSAY	90,840
WESTBERG, BEVERLY	117,979
WESTERMAN, JULIA	88,331
WESTON, DEANNA	54,209
WHITE, EVA	124,266
WIKMAN, KRISTEN	89,332
WILEY, LAURA	115,883
WILK, LAURA	65,904
WILLIAMS, CAROL	50,810
WINTER, CANDICE	62,100
WIWCHARUK, ROBERTA	192,816
WLOCK, CHERYL	89,495
WLOCK, DAN	112,646
WLOCK, JAMIE	59,285
WOICICHOWSKI, KAREN	68,704
WOLFE, TAMMY	77,371
WOLOSCHUK, JACQUELIN	81,991
WONCHULANKO, ADRIENNE	51,430
WOODRICH SRAMEK, SAMANTHA	67,403
WOODS, CORINNE	70,434
WOODS, WILLIAM	76,239
WRUTH, ARLENE	86,919
WYLLYCHUK, BRENDA	71,232
WYONZEK, NANCY	103,229
YACYSHYN, MARY ANN	104,380
YAREMKO, CHERYL	119,138
YAREMKO, LARESA	77,852
YATHON, JODIE	75,231
YELLAND, DONNA	73,080
YESNIK, DIANE	81,839
YOUKHANA, SANDRA	83,154
YOUNG, JANA	93,094
ZAMORA, KATHERINE	101,794
ZAPATA, ETHELDRED	118,255
ZAWADA, KERI	66,173
ZELINSKI, KIMBERLY	68,863
ZHANG, BINGLI	58,117
ZIELINSKI, GAYLOLENE	51,670
ZIMMER, GLENDA	51,723
ZIOLKOWSKI, ALAN	50,000
ZORN, CAROLEE	111,945
ZUCHKAN, NANCY	91,324
ZULYNIAK, CURTIS	108,690

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

S.I.G.N. - INDEPENDENT LIVING/VOCAT	246,843
SIGN ADOLESCENT GROUP HOME	60,850
YORKTON MENTAL HEALTH DROP IN C	147,220
3s HEALTH	325,096
MINISTER OF FINANCE/REVENUE DIVIS	121,902
PUBLIC EMPLOYEES PENSION PLAN	282,913
REGINA QU'APPELLE HEALTH /LABORA	264,836
S.A.H.O.	134,206
S.A.H.O. - CORE DENTAL	1,479,640
S.A.H.O. - DIP	3,934,993
S.A.H.O. - EMPL STRATEGY	185,587
S.A.H.O.-IN-SCOPE-ENHANCED DENTAI	3,139,085
S.A.H.O.-OUT-OF-SCOPE ENHANCED DI	238,172
S.I.G.N.	491,103
S.P.M. (SASK PROPERTY MANAGEMEN	937,775
SASK WORKERS COMPENSATION BOAI	2,910,600
SASK. ENERGY CORPORATION	892,434
SASKATCHEWAN POWER	1,842,034
SASKATOON HEALTH REGION /CITY HC	62,377
SASKTEL	780,279
SHEPP/PENSION ONLY	16,623,930
ST. ANTHONY'S HOSPITAL	218,491
ST. PETER'S HOSPITAL	1,319,936

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

101068682 SASKATCHEWAN LTD.	64,408
A&S TRANSPORT	227,932
ABBOTT DIAGNOSTICS	81,639
ABBOTT LABORATORIES - ROSS / PHARMA	100,961
ADEFOLARIN, DR OLUREMI	390,003
ADRIAAN LOUW MEDICAL P.C. LTD.	50,312
AIDS SASKATOON INC.	67,804
AKINNAWONU, DR. ANTHONY	394,631
ALCON CANADA INC.	445,089
ALL SASK COFFEE SERVICES INC.	69,188
ALL SEASON RENTALS & SALES	72,291
ALSASK FIRE EQUIPMENT	80,207
ARJOHUNTLEIGH CANADA INC.	54,260
BARD CANADA INC.	73,341
BAXTER CORPORATION	117,777
BECKMAN COULTER CANADA LP	170,153
BENY, DR. M.	70,225
BERSCH & ASSOCIATES LTD.	96,653
BIA: DR. F. H.	326,476
BIOMED RECOVERY & DISPOSAL LTD.	111,092
BISHOP: DR. MICHAEL	102,141
BORNYK: VINCENT	107,327
BOROTO, DR. KAHIMANO	538,485
BRYNGELSON & ASSOCIATES INC.	98,772
BUNZL CANADA INC.	126,207
C.U.P.E. - LOCAL #4980 REGION	1,362,580
CALDWELL PARTNERS	64,638
CANADIAN CORPS OF COMMISSIONAIRE	158,359
CAN-MED HEALTHCARE GROUP	65,208
CANORA AMBULANCE CARE (1996) LTD.	726,472
CARDINAL HEALTH CANADA INC.	813,340
CARESTREAM HEALTH CANADA COMPANY	242,253
CARPET ONE	59,872
CHARIS MEDICAL	83,204
CHRISTIE INNOMED INC.	73,139
CITY OF YORKTON	263,304
COMPUTRITION	58,136
CONCENTRA FINANCIAL	378,556
CONMED LINVATEC CANADA	58,082

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Supplier Payments (Cont)

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

COOK CANADA INC.	60,208
CPDN	522,491
CRESTVUE AMBULANCE SERVICE LTD.	1,097,745
CU CREDIT	127,507
de GOOIJER, DR LISA	96,910
DE LAGE LANDEN FINANCIAL	62,781
DENSON	51,978
DIVERSE SYSTEMS LTD.	86,791
DIVERSEY CANADA INC.	84,209
DUCK MOUNTAIN AMBULANCE CARE I	734,067
EECOL ELECTRIC (SASK) LTD	117,595
EHEALTH SASKATCHEWAN	292,242
ENERGY GUARD WATER TECHNOLOGY	99,774
EYBERS: DR. VON WELFLING	71,825
FEDOROWICH CONSTRUCTION LTD.	511,668
FOURIE: DR. P.	190,857
FUTUREMED*do not use* USE CAR025	186,606
GFI/ACCEO SOLUTIONS INC	161,294
GLENDON HOLDINGS LTD.	52,745
GRAND & TOY	201,095
GREAT WEST LIFE ASSURANCE COMPA	891,788
GROENEWALD: DR. P	72,250
HAHN, DR. J.A.	471,444
HILL-ROM CANADA LTD.	146,946
HOSPIRA HEALTHCARE CORP.	591,281
HSAS	132,891
IMPACT SECURITY GROUP	72,567
INSTRUMENTATION LABORATORY	63,455
JAMIL, DR. NUSRAT	184,241
JOHNSON & JOHNSON MEDICAL PROD	134,849
JOKHAN, DR RIKASH	76,001
KASIM, DR. YUSUF	109,332
KHALIFA, DR. N.	110,666
KIDS ZONE EARLY LEARNING CHILD CA	56,670
KOUDSI: DR. NASIR	183,977
KOWE, DR. OLAJIDE	91,771
LAWALE, DR. DAG	139,353
LEE: DR. F. R.	232,305
LOGAN STEVENS CONSTRUCTION (200	82,730
MACPHERSON LESLIE & TYERMAN	190,788
MACQUARIE EQUIPMENT FINANCE LTD.	583,243
MAHFUD: DR. AHMED	139,474
MANYANDE, DR. TEKESAI	167,430
MARAIS, DR. S.	367,947
MARSH CANADA LIMITED	395,262
MCKESSON CANADA	589,665
MCKESSON DISTRIBUTION PARTNERS	368,384
MEIRING, DR. G.	90,086
MIP INC.	89,785
NEL, DR. JOHANN	91,698
NELSON COURIER	55,968
ODUNTAN: DR. O.	200,043
OLYMPUS CANADA INC.	319,248
O'NEILL: DR. R.	90,973
ORTHO CLINICAL DIAGNOSTICS	540,338
OTTENBREIT SANITATION SERVICES LTD.	88,971
OXOID INC.	53,778
PENGUIN REFRIGERATION LTD./YORKTON	203,136
PHILIPS HEALTHCARE-A DIVISION OF PHILI	82,333
PHILIPS MEDICAL SYSTEMS CANADA.	161,980
PREECEVILLE AMBULANCE CARE('98	713,154
PRESS, DR. M.	303,977
QHR SOFTWARE INC.	142,990
QUICK PRINT	81,724
RECEIVER GENERAL FOR CANADA	39,265,214
REGINA HEALTH DISTRICT/EMERGENCY MI	185,378
RESIDENT TRUST ACCT	406,191
RESTOREX DIASTER KLEENUP	71,342
ROBERTS, DR. EYITOPE	60,962
ROCHE DIAGNOSTICS/LAVAL,PQ	162,148
ROODT, DR. J.	139,440
ROYAL BANK OF CANADA	284,637
RUSNAK, BALACKO, KACHUR & RUSNAK	50,406
S.U.N. - LOCAL #43 YRHC	54,064
SALIB: DR. M.	82,060
SAPUTO FOODS LIMITED	91,000
SASK UNION OF NURSES	620,611
SASKWORKS VENTURE FUND INC.	285,666

SUNRISE REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

Supplier Payments (Cont)

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

SCHAAN HEALTHCARE PRODUCTS	1,563,525
SCHOEMAN, DR. CORNE	65,000
SECUR-ITECH INC.	124,752
SHAMROCK AMBULANCE/WYNYARD	321,819
SIEMENS CANADA LTD. - LAB	89,559
SOURCE 1 DISTRIBUTORS	56,700
SPIES: DR. C	85,211
SRNA	236,145
STERIS CANADA INC.	182,940
SULTAN, DR. KHALEEL	160,413
SUNLIFE FINANCIAL	147,756
SUPREME BASICS	246,180
SWAN, DR. NADINE	125,194
SYSCO	2,050,264
THE STEVENS COMPANY LTD	356,678
TOSHIBA BUSINESS SOLUTIONS	57,380
TYCO HEALTHCARE GROUP CANADA IN	482,870
UNISOURCE CANADA INC.	74,220
VAN EEDEN: DR. DONAVAN	482,429
VAN RENSBURG, DR. P.	79,470
VIPOND FIRE PROTECTION INC.	78,785
VITALAIRE HEALTHCARE	145,522
VORSTER, DR. J.	129,712
VWR INTERNATIONAL, LTD.	57,153
WANIS: DR. NASHAT	65,000
WBM OFFICE SYSTEMS	2,106,690
WESTON BAKERIES LTD.	60,971
WICKERT: DR. WAYNE	61,528
WOOD WYANT INC.	185,966
WPS WORLDWIDE PARKING SOLUTION	120,318
X10 NETWORKS	90,905
Y2 CONSULTING PSYCHOLOGISTS	182,934
ZONARE MEDICAL SYSTEMS, INC	51,150

Management Report

May 29, 2013

Sunrise Health Region
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Sunrise Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by the Ministry of Health for the Province of Saskatchewan and, of necessity, includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the region's assets is safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing management's performance in financial reporting. The Authority meets with management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by management.

Suann Laurent
President & Chief Executive Officer

Lorelei Stusek
Vice President of Corporate Services

CONSOLIDATED
FINANCIAL
STATEMENTS

Sunrise Regional Health Authority

Year Ended March 31, 2013

Sunrise Regional Health Authority

Yorkton, Saskatchewan
March 31, 2013

Table of Contents

	Page
Independent Auditors' Report	1
Consolidated Statement of Financial Position	2
Consolidated Statement of Operations	3
Consolidated Statement of Changes in Fund Balances	4
Consolidated Statement of Cash Flows	5
Notes to Consolidated Financial Statements	6-28
Schedule of Expenses by Object	29
Schedule of Cash and Investments	30
Schedule of Externally-Restricted Funds	31
Schedule of Internally-Restricted Funds	32
Schedule of Board Remuneration, Benefits and Allowances	33
Schedule of Senior Management Salaries, Benefits, Allowances and Severance	33

PARKERQUINE LLP

Chartered Accountants Business Advisors

Independent Auditors' Report

To the Board of Directors
Sunrise Regional Health Authority

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Sunrise Regional Health Authority, which comprise the Consolidated Statement of Financial Position as at March 31, 2013, March 31, 2012, and April 1, 2011, and the Consolidated Statements of Operations, Changes in Fund Balances and Cash Flows for the years ended March 31, 2013 and March 31, 2012, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of Sunrise Regional Health Authority as at March 31, 2013, March 31, 2012, and April 1, 2011 and its financial performance and its cash flows for the years ended March 31, 2013 and March 31, 2012, in accordance with Canadian public sector accounting standards.

PARKERQUINE LLP

Per:

Yorkton, SK
May 29, 2013

Sunrise Regional Health Authority

Yorkton, Saskatchewan

Consolidated Statement of Financial Position

As at March 31, 2013

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust and Endowment Funds	March 31, 2013 Total	March 31, 2012 Total (Note 19)	April 1, 2011 Total (Note 19)
Assets						
Current Assets						
Cash and short-term investments - schedule 2	1,917,553	4,586,725	380,087	6,884,365	6,711,119	10,066,042
Accounts receivable						
Ministry of Health - general	309,334			309,334	408,468	369,273
Other	1,668,281	56,078	3,419	1,727,778	3,009,555	4,467,759
Inventories	1,545,233			1,545,233	1,666,735	1,544,726
Prepaid expenses	1,582,253			1,582,253	2,054,352	1,557,770
	7,022,654	4,642,803	383,506	12,048,963	13,850,229	18,005,570
Long-Term Investments - schedule 2	251,047			251,047	501,711	660,205
Capital Assets - note 3	0	80,961,808	0	80,961,808	85,641,304	87,698,719
Total Assets	$ 7,273,701	$ 85,604,611	$ 383,506	$ 93,261,818	$ 99,993,244	$ 106,364,494
Liabilities and Fund Balances						
Current Liabilities						
Bank indebtness	6,645,273			6,645,273	12,059,668	8,310,863
Accounts payable	5,477,289	247,937		5,725,226	4,631,871	5,469,314
Accrued salaries	4,563,902			4,563,902	3,637,588	7,086,991
Vacation payable	12,854,406			12,854,406	12,453,570	11,842,442
Other accrued liabilities	1,074,906	33,038		1,107,944	1,963,436	3,425,416
Mortgages payable - current - note 5		1,309,400		1,309,400	1,198,900	1,144,700
Deferred revenue - note 6	6,656,363			6,656,363	4,587,613	4,584,853
	37,272,139	1,590,375	0	38,862,514	40,532,646	41,864,579
Long-Term Liabilities						
Mortgages payable - note 5		16,461,112		16,461,112	17,774,825	18,977,160
Employee future benefits	6,640,800			6,640,800	6,728,000	6,845,600
	6,640,800	16,461,112	0	23,101,912	24,502,825	25,822,760
Total Liabilities	43,912,939	18,051,487		61,964,426	65,035,471	67,687,339
Fund Balances - statement 3						
Invested in capital assets		63,191,296		63,191,296	66,667,579	67,576,859
Externally-restricted - schedule 3		1,174,180	383,506	1,557,686	1,328,356	1,537,546
Internally-restricted - schedule 4	48,384	3,187,648		3,236,032	4,102,422	7,369,114
Unrestricted	(36,687,622)			(36,687,622)	(37,140,584)	(37,806,364)
	(36,639,238)	67,553,124	383,506	31,297,392	34,957,773	38,677,155
Total Liabilities and Fund Balances	$ 7,273,701	$ 85,604,611	$ 383,506	$ 93,261,818	$ 99,993,244	$ 106,364,494

Commitments - note 4

Pension Plan - note 11

Approved on behalf of the board:

The accompanying notes and schedules are part of these consolidated financial statements.

Sunrise Regional Health Authority

Consolidated Statement of Operations

For the year ended March 31, 2013

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2013 (Note 12)	Total 2013	Total 2012 (Note19)	Capital Fund 2013	Community Trust and Endowment Funds 2013	Total 2013	Total 2012
Revenue							
Ministry of Health - general	185,219,698	185,476,806	182,060,779	1,010,000		1,010,000	
Other provincial	2,609,905	2,647,311	2,066,005				
Federal government	52,232	66,188	75,691				
Patient and client fees	13,137,071	13,067,179	13,087,906				
Out-of-province (reciprocal)	3,937,099	3,771,508	3,841,028				
Out-of-country	46,000	39,507	51,266				
Transfers from foundations/donations		201,718	157,168	519,088		519,088	875,930
Ancillary operations	1,371,416	1,355,567	1,257,228				
Investment income	78,000	162,123	114,314	45,958	11,356	57,314	57,071
Recoveries	2,210,490	2,420,979	2,061,685				
Other	12,600	19,377	1,090,318	202,156		202,156	334,409
Total revenues	208,674,511	209,228,263	205,863,388	1,777,202	11,356	1,788,558	1,267,410
Expenses							
Inpatient and Resident Services							
Nursing administration	5,507,121	5,266,882	5,203,595	11,677		11,677	11,973
Acute	32,523,316	32,181,924	32,577,447	763,826		763,826	722,780
Supportive	43,009,621	45,212,513	44,484,328	632,292		632,292	633,180
Mental health and addictions	2,451,382	2,561,443	2,492,883	203		203	204
Total Inpatient and Resident Services	**83,491,440**	**85,222,762**	**84,758,253**	**1,407,998**		**1,407,998**	**1,368,137**
Physician Compensation	**10,291,463**	**9,125,059**	**9,173,000**				
Ambulatory Care Services	**7,578,706**	**7,608,886**	**7,661,320**	**51,609**		**51,609**	**57,386**
Diagnostic and Therapeutic Services	**19,508,922**	**19,014,072**	**18,407,242**	**625,018**		**625,018**	**627,121**
Community Health Services							
Primary health care	1,116,232	1,019,887	861,110	9,178		9,178	7,647
Home care	12,520,720	12,233,835	12,145,130	14,376		14,376	14,788
Mental health and addictions	5,257,664	4,568,481	4,244,826	3,981		3,981	3,981
Population health	7,792,774	7,169,167	7,006,369	6,461		6,461	3,925
Emergency response services	5,994,241	6,140,452	6,082,324	35,219		35,219	35,271
Other community services	1,845,586	1,824,840	1,720,124				
Total Community Health Services	**34,527,217**	**32,956,662**	**32,059,883**	**69,215**		**69,215**	**65,612**
Support Services							
Program support	12,765,732	13,834,281	11,867,148	22,362		22,362	20,086
Operational support	36,398,054	36,458,027	36,306,009	215,267		215,267	220,643
Other support	1,089,588	1,186,564	1,279,651	5,735,012	2,000	5,737,012	5,721,581
Employee future benefits		(87,200)	(117,600)				
Total Support Services	**50,253,374**	**51,391,672**	**49,335,208**	**5,972,641**	**2,000**	**5,974,641**	**5,962,310**
Ancillary	**1,012,539**	**1,202,187**	**1,345,141**	**27,420**		**27,420**	**29,572**
Total expenses - schedule 1	206,663,661	206,521,300	202,740,047	8,153,901	2,000	8,155,901	8,110,138
Excess (Deficiency) of Revenue over Expenses	$ 2,010,850	$ 2,706,963	$ 3,123,341	$(6,376,699)	$ 9,356	$(6,367,343)	$(6,842,728)

The accompanying notes and schedules are part of these consolidated financial statements.

Sunrise Regional Health Authority

Consolidated Statement of Changes in Fund Balances

For the year ended March 31, 2013

Statement 3

	Operating Fund	Capital Fund	Community Trust Fund	2013
Fund balance, beginning of year	(37,092,759)	71,667,808	382,723	34,957,772
Excess (deficiency) of revenues over expenses	2,706,963	(6,376,699)	9,356	(3,660,380)
Interfund transfers - note 14	(2,253,442)	2,262,015	(8,573)	
Fund balance, end of year	$(36,639,238)	$ 67,553,124	$ 383,506	$ 31,297,392

	Operating Fund	Capital Fund	Community Trust Fund	2012
Fund balance, beginning of year	(37,756,355)	76,051,566	381,949	38,677,160
Excess (deficiency) of revenues over expenses	3,123,341	(6,852,104)	9,376	(3,719,387)
Interfund transfers - note 14	(2,459,745)	2,468,347	(8,602)	
Fund balance, end of year	$(37,092,759)	$ 71,667,809	$ 382,723	$ 34,957,773

The accompanying notes and schedules are part of these consolidated financial statements.

Sunrise Regional Health Authority

Consolidated Statement of Cash Flows
For the year ended March 31, 2013

Statement 4

	Unrestricted Fund		Restricted Funds			
	Operating Fund		Capital Fund	Community Trust and Endowment Funds	Total	Total
	2013	2012 (Note 10)	2013	2013	2013	2012 (Note 10)
Cash Provided By (Used In):						
Operating activities						
Excess (deficiency) of revenue over expenses for the year	2,706,963	3,123,341	(6,376,699)	9,356	(6,367,343)	(6,842,728)
Net change in non-cash working capital - note 7	5,089,789	(4,335,308)	431,262	23	431,285	(116,808)
Amortization of capital assets			7,300,185		7,300,185	7,151,422
Loss (gain) on disposal of capital assets						(136)
	7,796,752	(1,211,967)	1,354,748	9,379	1,364,127	191,750
Capital activities						
Purchase of capital assets						
Buildings/construction			(1,374,796)		(1,374,796)	(2,894,007)
Equipment			(1,245,893)		(1,245,893)	(2,201,865)
Proceeds on disposal of capital assets						
Equipment						2,001
	0	0	(2,620,689)	0	(2,620,689)	(5,093,871)
Investing activities						
Disposal of long-term investments	186,014	106,217		300,000	300,000	52,500
Purchase of long-term investments	(235,350)	(223)				
	(49,336)	105,994	0	300,000	300,000	52,500
Financing activities						
Increase (decrease) in bank indebtedness	(5,414,395)	3,748,806				
Long-term debt issued			559,182		559,182	
Repayment of debt			(1,762,395)		(1,762,395)	(1,148,135)
	(5,414,395)	3,748,806	(1,203,213)	0	(1,203,213)	(1,148,135)
Net Increase (Decrease) in Cash and Short-Term Investments for the Year	2,333,021	2,642,833	(2,469,154)	309,379	(2,159,775)	(5,997,756)
Cash and short-term investments, beginning of year	1,837,974	1,654,886	4,793,864	79,281	4,873,145	8,411,156
Interfund transfers - note 14	(2,253,442)	(2,459,745)	2,262,015	(8,573)	2,253,442	2,459,745
Cash and Short-Term Investments, End of Year	$ 1,917,553	$ 1,837,974	$ 4,586,725	$ 380,087	$ 4,966,812	$ 4,873,145
Represented By:						
Cash and short-term investments	$ 1,917,553	$ 1,837,974	$ 4,586,725	$ 380,087	$ 4,966,812	$ 4,873,145

The accompanying notes and schedules are part of these consolidated financial statements.

1. **Legislative Authority**

The Sunrise Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Sunrise Health Region, under Section 27 of The Act. The Sunrise RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. **Significant Accounting Policies**

These consolidated financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants (CICA). The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. As these are the RHA's first consolidated financial statements prepared in accordance with PSA standards, Section PS 2125, First-time Adoption by Government Organizations, has been applied. The RHA has also chosen to early adopt Section PS 3450, Financial Instruments, as further explained in note 19.

The RHA's consolidated financial statements were previously prepared in accordance with Canadian generally accepted accounting principles (Canadian GAAP), as set forth in Part V of the CICA Handbook. The impact of the transition from Canadian GAAP to public sector accounting standards is described in note 19.

(a) Health care organizations

(i) The RHA has agreements with and grants funding to the following prescribed health care organizations and third parties to provide health services:
Society for Involvement of Good Neighbours Inc.
Yorkton Mental Health Drop In Centre

Note 9(b)(i) provides disclosure of payments to HCO'S and third parties.

(ii) The RHA has joint service management agreements with all three of its affiliates; St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville. The purpose of the agreements is to share management, contract human resources and finance services to the affiliates.

As a result, the financial statements of St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville are consolidated with the financial statements of the RHA. Transactions and interorganizational balances between the RHA and St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville are eliminated.

Note 9(b)(ii) provides supplementary information regarding the financial position, results of operations and cash flows of the consolidated affiliates.

2. **Significant Accounting Policies** - continued

(a) Health care organization - continued

(iii) The Health Foundation of East Central Saskatchewan Inc., St. Peter's Hospital Foundation (Melville) Inc. and St. Anthony's Hospital Foundation Inc. (the Foundations) are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act of Canada*.

Under the Foundations' Articles of Incorporation, the RHA or the respective affiliates have an economic interest in the Foundations.

These consolidated financial statements do not include the financial activities of the Foundations. Alternatively, note 9(b)(iii) provides supplementary information of the Foundations.

(b) Fund accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

(i) Operating fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

(ii) Capital fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of interest on long-term mortgages and amortization of capital assets.

(iii) Community trust and endowment fund

Community trust

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the district from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

2. **Significant Accounting Policies** - continued

(b) Fund accounting - continued

(iii) Community trust and endowment fund - continued

Endowment fund

Under the terms of the will of the late Dr. Borys Tolczynski, the RHA administers an endowment fund. The interest from this fund is to be used for education and training expenditures which benefit the health district. Unexpended interest each year is added to the endowment principal. The RHA cannot encroach upon the original endowment bequest of $201,771 plus unexpended interest except in special circumstances.

(c) Revenue

Unrestricted revenues are recognized as revenue in the operating fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred and recognized as revenue of the operating fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

(d) Capital assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets with a life exceeding one year are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings and service equipment	2% to 4%
Land improvements	4% to 10%
Equipment	4% to 25%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

(e) Asset retirement obligations

Asset retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

(f) Inventories

Inventories consist of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost and net realizable value. Cost is determined on an average-cost basis.

2. **Significant Accounting Policies** - continued

(g) Employee future benefits

i) Pension plan:

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

(h) Measurement uncertainty

These consolidated financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of consolidated financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

(i) Financial instruments

The RHA has classified its financial instruments into one of the following categories: fair value or cost or amortized cost.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's length transaction between knowledgeable and willing parties under no compulsion to act. The following financial instruments are subsequently measured at cost or amortized cost:

- accounts receivable
- short-term and long-term investments
- accounts payable, accrued salaries and vacation payable
- mortgages payable

As at March 31, 2013, the RHA does not have any material outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement of operations.

(j) Replacement reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. **Capital Assets**

	March 31, 2013			2012
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	228,908		228,908	228,908
Land improvements	1,306,015	805,990	500,025	175,279
Buildings and service equipment	135,826,403	65,325,104	70,501,299	74,392,868
Equipment	31,888,135	22,692,365	9,195,770	10,397,579
Construction-in-progress	535,806		535,806	446,670
	$ 169,785,267	$ 88,823,459	$ 80,961,808	$ 85,641,304

4. **Commitments**

(a) Capital asset acquisitions

At March 31, 2013, commitments for acquisition of capital assets were $542,916 (2012 - $639,588).

(b) Supplier payments

At March 31, 2013, commitments for outstanding purchase orders were $1,959,658 (2012 - $3,088,496).

(c) Operating leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2014	747,872
2015	1,236,517
2016	1,006,627
2017	586,497
2018	388,542
Total minimum lease payments	$ 3,966,055

(d) Asset retirement obligations

The RHA has not recorded a liability for an asset retirement obligation.

(e) Contracted health service organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2013. Note 9(b) provides supplementary information on health care organizations.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2013	2012
Yorkton and District Nursing Home				
CMHC, due September 1, 2018	5.875%	$23,481; mortgage renewal date, September 1, 2018		126,882
CMHC, due June 1, 2027	8.000%	$69,670; mortgage renewal date, June 1, 2027	596,217	618,025
CMHC, due November 1, 2022	1.53%	$136,221; mortgage renewal date, December 1, 2017	1,223,553	1,323,227
Foam Lake Jubilee Home				
CMHC, due May 1, 2017	5.750%	$10,911; mortgage renewal date, May 1, 2017		48,755
CMHC, due January 1, 2022	4.310%	$40,893 of which $9,983 is subsidized by SHC, yielding an effective interest rate of 1.07%; mortgage renewal date, December 1, 2016	300,425	327,872
Lakeside Manor Care Home				
CMHC, due August 1, 2021	4.310%	$93,107 of which $24,958 is subsidized by SHC, yielding an effective interest rate of 0.63%; mortgage renewal date, December 1, 2016	657,190	720,800
Theodore Health Centre				
CMHC, due December 1, 2023	4.540%	$50,070 of which $9,834 is subsidized by SHC, yielding an effective interest rate of 2.25%; mortgage renewal date, February 1, 2015	425,961	456,172
Langenburg Centennial Special Care Home				
CMHC, due September 1, 2026	8.000%	$27,884; mortgage renewal date, September 1, 2026	231,599	240,858
CMHC, due April 1, 2022	4.420%	$52,110 of which $13,122 is subsidized by SHC, yielding an effective interest rate of 1.13%; mortgage renewal date, March 1, 2017	389,978	424,226
Invermay Health Centre				
CMHC, due March 1, 2017	4.610%	$27,438 of which $7,122 is subsidized by SHC, yielding an effective interest rate of (1.88%); mortgage renewal date, June 1, 2016	100,142	122,460
CMHC, due May 1, 2022	4.610%	$38,471 of which $7,578 is subsidized by SHC, yielding an effective interest rate of 2.02%; mortgage renewal date, June 1, 2016	287,706	312,451

5. **Mortgages Payable** - continued

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2013	2012
Norquay Health Centre				
CMHC, due March 1, 2017	4.610%	$26,824 of which $6,409 is subsidized by SHC, yielding an effective interest rate of (1.37%); mortgage renewal date, June 1, 2016	97,899	119,718
CMHC, due July 1, 2022	4.610%	$39,456 of which $7,769 is subsidized by SHC, yielding an effective interest rate of 2.05%; mortgage renewal date, June 1, 2016	299,358	324,545
Canora Gateway Lodge				
CMHC, due January 1, 2023	7.250%	$30,450; mortgage renewal date, January 1, 2023		229,200
CMHC, due April 1, 2017	4.610%	$49,831 of which $14,243 is subsidized by SHC, yielding an effective interest rate of (2.41%); mortgage renewal date, June 1, 2016	185,302	225,682
Kamsack Nursing Home				
CMHC, due February 1, 2017	4.420%	$89,961 of which $19,684 is subsidized by SHC, yielding an effective interest rate of (1.12%); mortgage renewal date, February 1, 2017	323,350	397,407
Cornerstone Credit Union, non-affiliate mortgage consolidation, due May 1, 2019	3.65%	$88,230; mortgage renewal date, May 1, 2019	483,440	
St. Paul Lutheran Home of Melville				
CMHC, due June 1, 2018	5.750%	$15,859; mortgage renewal date, June 1, 2018		83,258
CMHC, due August 1, 2022	1.71%	$94,758; mortgage renewal date, September 1, 2017	823,781	896,295
Cornerstone Credit Union, mortgage consolidation	3.65%	$13,770; mortgage renewal date, June 1, 2018	75,742	
Ituna & District Pioneer Lodge				
CMHC, due May 1, 2025	8.000%	$28,655; mortgage renewal date, May 1, 2025	224,080	234,644
Esterhazy Centennial Special Care Home				
CMHC, due July 1, 2019	6.875%	$20,918; mortgage renewal date, July 1, 2019		120,619
CMHC, due August 1, 2022	4.440%	$47,374 of which $12,357 is subsidized by SHC, yielding an effective interest rate of 1.13%; mortgage renewal date, December 1, 2017	364,646	395,277

5. **Mortgages Payable** - continued

Title of Issue	Interest Rate	Annual Repayment Terms (Principal and Interest)	Balance Outstanding 2013	2012
Energy Renewal Project				
Royal Bank of Canada due 2032	4.43%	$426,839; mortgage renewal date, July 17, 2014	5,537,756	5,713,625
RBC Life Insurance Company, due September 30, 2023	4.74%	$622,641; mortgage renewal date, September 30, 2023	5,142,387	5,511,727
			17,770,512	18,973,725
Less: Current portion			1,309,400	1,198,900
			$ 16,461,112	$ 17,774,825

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the facilities as security. Principal amounts due within each of the next five years are estimated as follows:

2014	1,309,400
2015	1,365,500
2016	1,423,800
2017	1,478,100
2018	1,355,500
2019 and subsequent	10,838,212
	$ 17,770,512

6. Deferred Revenue

	Balance, Beginning of Year	Less: Amount Recognized	Add: Amount Received	Balance, End of Year
As at March 31, 2013				
Sask. Health Initiatives				
24/7 Expanded Primary Health Care Services			200,000	200,000
Alc. & Drug Services - population health	11,029			11,029
Alc. & Drug Services - respite care home	15,387	15,387		
Autism - Hanen Centre teacher talk training		1,289	5,550	4,261
Autism spectrum disorder - positions	39,774	35,477	70,000	74,297
Autism spectrum disorder services	163,583	4,963		158,620
Base funding deferral for two extra stat holidays 2012-2013	449,296	449,296		
Children's mental health outreach	83,891	23,111		60,780
Clinical education and training	41,012			41,012
EMS radios for participation in PPSTN	7,082			7,082
Enhanced preventative dental services	44,860	16,000	37,100	65,960
Graduate nurse job program and mentorship	18,956	18,956		
H1N1 immunization	83,228	12,245		70,983
HIV strategy	50,638	521		50,117
Immunization program enhancement	27,228	7,299		19,929
Infection control funding	186,048	58,932		127,116
Integrated stroke strategy pilot	711,859	1,408		710,451
Invermay Structural Project		199,274	2,800,000	2,600,726
IPFCC training	1,143	1,143		
First Nations - urban aboriginal project		16,878	70,000	53,122
Mental health approved home enhancements	5,496			5,496
Needle exchange - population health	33,088			33,088
Nurse safety training	189,139	100,922		88,217
PECS Autism Services	1,023	1,023		
Pharmacist enhancement	54,251	14,210		40,041
Positive workplace	59,452	20,384		39,068
Primary care Re-design		52,644	320,000	267,356
Quality health workplace initiatives	62,581			62,581
Radiology review	524,028			524,028
Recruitment initiatives including IEN settlement	50,000	50,000		
Representative workforce	69,565			69,565
Retention grant program - nutrition/dietary services	3,036	764		2,272
Retention grant program - respectful workplace education program	67,299			67,299
Safety project for return to work	54,947			54,947
Secure care youth detox	37,304			37,304
Surgical initiatives	501,761	491,534		10,227
Total Sask. Health	3,647,984	1,593,660	3,502,650	5,556,974
Non-Sask. Health Initiatives				
Acquired brain injury	56,649	92,468	87,418	51,599
Alc. & Drug Services - corrections	52,850	102,988	91,000	40,862
eHealth Saskatchewan Transformation Fund			257,200	257,200
Autism disorder strategy	22,164	52,164	30,000	
Autism summer respite	14,676	11,421	10,000	13,255
Career pathing	13,479	825		12,654
Employee enhancement fund	21,305	1,105		20,200
Kids First	297,975	1,330,621	1,297,128	264,482
Lean Funding	161,928	46,912		115,016
Primary Care Physician Engagement		2,180	100,000	97,820
Releasing time to care	18,098	4,112		13,986
Rent received in advance	10,303	10,303	15,938	15,938
3sHealth - Enhanced preventative dental services	37,274	8,490		28,784
SUN/3sHealth nurse recruitment and retention	213,887	68,995	3,944	148,836
Teen wellness	19,041	284		18,757
Total Non-Sask. Health	939,629	1,732,868	1,892,628	1,099,389
Total Deferred Revenue	$ 4,587,613	$ 3,326,528	$ 5,395,278	$ 6,656,363

6. **Deferred Revenue** - continued

	Balance, Beginning of Year	Less: Amount Recognized	Add: Amount Received	Balance, End of Year
As at March 31, 2012				
Sask. Health Initiatives				
Alc. & Drug Services - injection drug	11,723	11,723		
Alc. & Drug Services - population health	11,029			11,029
Alc. & Drug Services - respite care home	15,387			15,387
Autism spectrum disorder - positions		43,026	82,800	39,774
Autism spectrum disorder services	179,765	16,182		163,583
Base funding deferral for two extra stat holidays 2012-2013			449,296	449,296
Children's mental health outreach	104,248	20,357		83,891
Clinical education and training	41,012			41,012
EMS radios for participation in PPSTN	7,082			7,082
Enhanced preventative dental services			44,860	44,860
Federal accord - home care	9,356	9,356		
Graduate nurse job program and mentorship	18,956			18,956
H1N1 immunization	102,248	19,020		83,228
HIV strategy		47,362	98,000	50,638
Immunization program enhancement	13,718		13,510	27,228
Infection control funding	140,928	20,565	65,685	186,048
Integrated stroke strategy pilot	711,859			711,859
IPFCC training	4,922	3,779		1,143
MDS home care project	8,456	8,456		
Mental health approved home enhancements	5,496			5,496
Needle exchange - population health	22,857	8,769	19,000	33,088
Nurse safety training	190,680	1,541		189,139
PECS Autism Services	4,171	3,148		1,023
Pharmacist enhancement	34,590	339	20,000	54,251
Positive workplace	59,452			59,452
Primary care strategic initiatives	4,050	4,050		
Quality health workplace initiatives	62,581			62,581
Radiology review	565,251	41,223		524,028
Recruitment initiatives including IEN settlement	50,000			50,000
Representative workforce	46,961	2,396	25,000	69,565
Retention grant program - nutrition/dietary services	7,035	3,999		3,036
Retention grant program - respectful workplace education program	67,299			67,299
Safety project for return to work	54,947			54,947
Secure care youth detox	37,304			37,304
Surgical initiatives	1,054,545	552,784		501,761
Total Sask. Health	3,647,908	818,075	818,151	3,647,984
Non-Sask. Health Initiatives				
Acquired brain injury	39,360	46,365	63,654	56,649
Alc. & Drug Services - corrections	45,664	83,814	91,000	52,850
Assist program	4,673	4,673		
Autism disorder strategy	30,000	37,836	30,000	22,164
Autism summer respite	10,000	5,324	10,000	14,676
Career pathing	13,479			13,479
Employee enhancement fund	24,100	2,795		21,305
Kids First	277,143	1,255,883	1,276,715	297,975
Lean Funding	161,928			161,928
Releasing time to care	24,118	6,020		18,098
Rent received in advance	26,042	26,042	10,303	10,303
3sHealth - Enhanced preventative dental services		16,776	54,050	37,274
SUN/3sHealth nurse recruitment and retention	258,061	44,174		213,887
Teacher talk proposal	3,336	3,336		
Teen wellness	19,041			19,041
Total Non-Sask. Health	936,945	1,533,038	1,535,722	939,629
Total Deferred Revenue	$ 4,584,853	$ 2,351,113	$ 2,353,873	$ 4,587,613

7. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds			
	2013	2012	Capital Fund	Community Trust and Endowment Funds	Total 2013	Total 2012
Decrease (increase)						
Accounts receivable	1,175,692	1,541,493	205,195	23	205,218	(122,481)
Inventory	121,502	(122,009)				
Prepaid expenses	472,099	(496,582)				
Increase (decrease)						
Accounts payable	855,636	(847,109)	237,719		237,719	9,667
Accrued liabilities	483,310	(4,296,261)	(11,652)		(11,652)	(3,994)
Deferred revenue	2,068,750	2,760				
Employee future benefits	(87,200)	(117,600)				
	$ 5,089,789	$(4,335,308)	$ 431,262	$ 23	$ 431,285	$(116,808)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents utilizing the RHA's facilities. The total cash held in trust as at March 31, 2013 was $220,397 (2012 - $219,739). These amounts are not reflected in the consolidated financial statements.

9. Related Parties

These consolidated financial statements include transactions with related parties. The RHA is related to all Saskatchewan crown agencies such as ministries, corporations, boards and commissions under the common control of the government of Saskatchewan. The RHA is also related to non-crown enterprises that the government jointly controls or significantly influences. In addition, the RHA is related to other non-government organizations by virtue of its economic interest in these organizations.

9. **Related Parties** - continued

(a) Related-party transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the consolidated financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

Financial Statement Accounts	2013	2012
Assets		
Accounts Receivable		
General Revenue Fund	$ 602,534	$ 1,178,148
Health Shared Services Saskatchewan (3S Health)	107,005	
Saskatchewan Health Information Network	13,186	96
Sask. Workers' Compensation Board	174,753	80,891
Prepaid Expenses		
SaskTel	27,817	69,504
3sHealth	6,055	129,213
Liabilities		
Accounts Payable		
Good Spirit School Division	77,000	
Health Shared Services Saskatchewan (3s Health)	118,190	
Public Employees Pension Plan	10,563	10,761
Regina Qu-Appelle Health Region	156,075	8,509
3sHealth	136	24,754
3sHealth Employment Strategy		15,814
3sHealth - Disability Income Plan *		299,236
3sHealth - Employee Benefit Programs *		120,684
SaskEnergy	158,567	172,241
SaskPower	121,863	111,697
Sask. Property Management Corporation	144,180	128,867
SaskTel	33,616	85,347
Revenue		
General Revenue Fund	3,772,618	3,628,795
Health Shared Services Saskatchewan (3s Health)	441,882	16,557
Saskatchewan Government Insurance	164,983	78,651
Sask. Workers' Compensation Board	383,247	512,150
Expenses		
Good Spirit School Division	77,157	77,226
Health Shared Services Saskatchewan (3s Health)	516,891	
Public Employees Pension Plan *	272,016	288,847
Regina Qu'Appelle Health Region	597,612	367,326
3sHealth	57,333	552,166
3sHealth - Core Dental Plan *	1,483,943	1,595,918
3sHealth - Disability Income Plan *	3,935,845	4,142,588
3sHealth - Employment Strategy *	169,773	233,737
3sHealth - Enhanced Dental Plan *	3,377,257	3,361,355
Sask. Property Management Corporation	917,729	1,050,299
Sask. Workers' Compensation Board	2,910,600	2,579,536
Saskatchewan Health Employees Pension Plan *	17,945,223	19,108,052
Saskatoon Health Region	93,471	1,453
SaskEnergy	887,765	1,260,858
SaskPower	1,713,530	2,873,662
SaskTel	607,481	609,139
S.I.G.N.	483,221	494,607

* Indicates that employee portion is included in the above expense

In addition, the RHA pays provincial sales tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

9. **Related Parties** - continued

(b) Health-care organizations

(i) Prescribed health care organizations and third parties

The RHA has also entered into agreements with prescribed health care organizations (HCO's) and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCO's and third parties:

	2013	2012
Yorkton Mental Health Drop In Centre	158,669	138,863
Society for Involvement of Good Neighbours Inc.	317,108	289,321
	$ 475,777	$ 428,184

(ii) Affiliates with joint service management agreements

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. Further, the RHA provides most of the affiliate's funding. Accordingly, the RHA has the ability to affect the strategic operating, investing and financing activities of the affiliates.

The RHA consolidated financial statements include the accounts of St. Anthony's Hospital, St. Peter's Hospital and St. Paul Lutheran Home of Melville based on the joint service management agreement held with each of the three organizations. The following information, which combines the operating fund and capital fund, is supplementary to those statements.

9. **Related Parties** - continued

(b) Health-care organizations - continued

(ii) Affiliates with joint service management agreements - continued

	St. Anthony's Hospital	St. Peter's Hospital	St. Paul Lutheran Home	Total 2013	Total 2012
Statement of Financial Position					
Total assets	$ 2,687,536	$ 2,199,871	$ 4,635,333	$ 9,522,740	$ 9,926,180
Total liabilities	461,770	917,859	2,489,605	3,869,234	3,163,106
Total fund balances	2,225,766	1,282,012	2,145,728	5,653,506	6,763,074
	$ 2,687,536	$ 2,199,871	$ 4,635,333	$ 9,522,740	$ 9,926,180
Results of Operations					
RHA grant	3,572,151	7,849,777	8,253,985	19,675,913	20,316,436
Other revenue	372,857	427,087	2,754,837	3,554,781	3,596,860
Total revenue	3,945,008	8,276,864	11,008,822	23,230,694	23,913,296
Salaries and benefits	3,197,401	6,330,941	9,442,039	18,970,381	19,008,469
Other expenses *	895,426	1,885,579	1,791,176	4,572,181	4,497,709
Total expenses	4,092,827	8,216,520	11,233,215	23,542,562	23,506,178
Excess (deficiency) of revenue over expenses	$(147,819)	$ 60,344	$(224,393)	$(311,868)	$ 407,118

* Other expenses includes amortization of $748,882 (2012 - $713,847).

Cash Flows					
Cash from operations	46,789	240,694	140,757	428,240	943,994
Cash used in financing activities			(80,018)	(80,018)	(58,069)
Cash used in investing activities **	(119,470)	(26,463)	(14,958)	(160,891)	(673,652)
Increase (decrease) in cash	$(72,681)	$ 214,231	$ 45,781	$ 187,331	$ 212,273

** Cash used in investing activities includes capital purchases of $232,934 (2012 - $673,651).

9. **Related Parties** - continued

(b) Health-care organizations - continued

(iii) Fundraising foundations

Fundraising efforts are undertaken through the non-profit business corporations known as The Health Foundation of East Central Saskatchewan Inc., St. Peter's Hospital Foundation (Melville) Inc. and St. Anthony's Hospital Foundation Inc. (the Foundations). The RHA or the respective affiliates have an economic interest in the Foundations. The Foundations have the following year-ends:

The Health Foundation of East Central Saskatchewan Inc. - December 31
St. Peter's Hospital Foundation (Melville) Inc. - December 31
St. Anthony's Hospital Foundation Inc. - March 31

	St. Anthony's Hospital Foundation Inc.	St. Peter's Hospital Foundation (Melville) Inc.	Health Foundation of ECS Inc.	Total 2013	Total 2012
Statement of Financial Position					
Total assets	$ 1,770,205	$ 2,044,359	$ 1,813,954	$ 5,628,518	$ 4,723,279
Total liabilities	145		337,537	337,682	229,987
Total fund balances	1,770,060	2,044,359	1,476,417	5,290,836	4,493,292
	$ 1,770,205	$ 2,044,359	$ 1,813,954	$ 5,628,518	$ 4,723,279
Results of Operations					
Total revenues	815,668	46,862	1,185,664	2,048,194	3,164,219
Total contributions to the RHA	(44,345)	(123,242)	(365,770)	(533,357)	(701,149)
Total fundraising expenses		(1,025)	(315,639)	(316,664)	(305,280)
Total operating expenses	(44,557)	(3,495)	(365,010)	(413,062)	(313,440)
Excess (deficiency) of revenue over expenses	$ 726,766	$(80,900)	$ 139,245	$ 785,111	$ 1,844,350
Cash Flows					
Cash from operations	715,712	(88,734)	243,706	870,684	1,754,284
Cash from (used in) financing and investing activities	(487,972)	(99,645)	(22,075)	(609,692)	(1,598,459)
Increase (decrease) in cash	$ 227,740	$(188,379)	$ 221,631	$ 260,992	$ 155,825

10. **Comparative Information**

Certain balances for comparative purposes have been reclassified to conform with the current year's presentation.

11. **Employee Future Benefits**

(a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3sHealth) (a related party), and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (PSSP) (a related party) - this is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (PEPP) (a related party) - this is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation - benefits in schedule 1 and is equal to the RHA contributions amount below.

	2013				2012
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	2,384	3	31	2,418	2,411
Member contribution rate, percentage of salary	7.70-10.0%*	7.00-8.00%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	8.62-11.20%*	28.63-32.72%*	6.00-7.00%*		
Member contributions	8,464,183	4,242	144,756	8,613,181	8,567,572
RHA contributions	9,479,868	23,330	136,869	9,640,067	9,600,247

In addition to the above plans, the RHA has one employee in the Evangelical Lutheran Church in Canada pension plan whose member contributions were $3,237 with RHA contributions of $6,096.

*Contribution rate varies based on employee group.

1. Active members include all employees of the RHA, including those on leave of absence as of March 31, 2013. Inactive members are transferred to SHEPP and not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

11. **Employee Future Benefits** - continued

(b) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013. Key assumptions used as inputs into the actuarial calculation are as follows:

	2013	2012
Discount rate	2.50%	2.75%
Earnings increase	0-2%	0-2%
Accrued benefit obligation, beginning of year	6,728,000	6,845,600
Cost for the year	995,700	954,600
Benefits paid during the year	(1,082,900)	(1,072,200)
Accrued benefit obligation, end of year	$ 6,640,800	$ 6,728,000

12. **Budget**

The RHA Board approved the 2012-2013 budget plan on May 30, 2012.

13. **Financial Instruments**

(a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these consolidated financial statements.

(b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: Credit risk, market risk and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

13. **Financial Instruments** - continued

(c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2013	2012
Cash and short-term investments	6,584,365	6,711,119
Accounts receivable		
Ministry of Health - General Revenue Fund	309,334	408,468
Other	1,727,777	3,009,555
Investments	251,047	501,711
	$ 8,872,523	$ 10,630,853

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

(d) Market risk

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2013 and 2012 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

13. **Financial Instruments** - continued

(e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, the RHA has a cash balance of $6,884,365 (2012 - $6,711,119).

(f) Fair value

The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:

- cash and short-term investments
- accounts receivable
- accounts payable
- accrued salaries and vacation payable

The fair value of mortgages payable and long-term debt before the repayment required within one year is $17,770,512 (2012 - $18,973,725) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly ovservable market inputs, such as market interest rates.
Level 3 – Where valuation is base on unobservable inputs. There were no items measured at fair value using level 3 in 2012 or 2013.

(g) Operating line-of-credit

The RHA has an approved operating line-of-credit of $15,750,000 (2012 - $15,750,000) with interest charged at a rate of prime less 0.75%, which is renegotiated annually. The line-of-credit is secured by an assignment of grants and revenues of the RHA. Total interest paid on the line-of-credit in 2013 was $287,009 (2012 - $257,019). The line-of-credit was approved by the Minister on October 7, 1998.

The affiliates also have operating lines-of-credit with limits totalling $650,000 (2012 - $650,000). These lines-of-credit are secured by an assignment of grants and revenues from the RHA. Total interest paid on these lines-of-credit in 2013 was $438 (2012 - $177).

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2013			2012		
	Operating Fund	Capital Fund	Community Trust and Endowment Funds	Operating Fund	Capital Fund	Community Trust and Endowment Funds
Energy renewal program savings	(1,057,252)	1,057,252		(1,057,252)	1,057,252	
Capital asset purchases by other funds	(292,671)	292,671		(542,580)	542,580	
Replacement reserve allocations	(128,260)	128,260		(128,260)	128,260	
Mortgage principal and interest paid by operating fund	(845,288)	845,288		(825,338)	825,338	
Operating expenditures financed by replacement reserve	2,015	(2,015)		23,579	(23,579)	
Operating expenditures financed by other funds	8,573		(8,573)	8,602		(8,602)
Operating expenditures financed by capital fund	59,441	(59,441)		61,504	(61,504)	
	$(2,253,442)	$ 2,262,015	$(8,573)	$(2,459,745)	$ 2,468,347	$(8,602)

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the consolidated financial statements.

16. Community-Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the board. The assets are interest-bearing with the interest credited to the trust balance. The board presently administers $64,327 (2012 - $63,544) under these agreements.

Following is the status of the trust funds at March 31, 2013:

Each trust fund has a "trust advisory committee" which is appointed by the various towns, villages, hamlets and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health-related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the RHA with respect to any use of the trust fund.

17. Energy Renewal Project

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. SaskPower Energy Solutions performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. Sunrise RHA entered into a guaranteed energy performance savings contract with SaskPower Energy Solutions Company.

The total cost of the energy performance contracts is $14,724,459 plus GST. The construction costs have been financed through term debt facilities which are disclosed in note 5.

Results of the energy renewal project since its inception are:

	2013	2012	Prior	Total
Estimated utility savings	$ 1,057,252	$ 1,057,252	$ 1,616,766	$ 2,674,018
Interest costs	503,250	538,072	957,352	1,495,404

18. Pay for Performance

Effective April 1, 2011, a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered 'lump-sum performance adjustments'. Senior employees are eligible to eam lump-sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current base salary and lump-sum performance adjustments related to the previous fiscal year. Performance adjustments for the 2011-12 fiscal period of $180,169 were paid out in the 2012-13 fiscal year. At March 31, 2013 lump-sum performance adjustments relating to 2012-13 have not been determined as information required to assess senior managements' performance is not yet available.

19. Transition to Public Sector Accounting Standards

Adoption of public sector accounting framework

As stated in Note 2, these are the RHA's first consolidated financial statements prepared in accordance with Canadian public sector accounting standards. The accounting policies set out in Note 2 have been applied consistently in preparing the consolidated financial statements for the year ended March 31, 2013, the comparative information presented in these consolidated financial statements and the opening statement of financial position as at April 1, 2011 (the RHAs date of transition to public sector accounting standards).

(a) Financial instruments

Effective April 1, 2012 the RHA adopted the PSA standards for Financial Instruments (PSA Handbook Section PS 3450). Section PS 3450 establishes standards on how to account for and report all types of financial instruments, including derivatives. Section PS 3450 has been applied prospectively, in accordance with the transitional provisions of the Section.

Upon adoption of Section PS 3450, the RHA was required to assign its financial instruments to one of two measurement categories: Fair value; or cost or amortized cost. Cash is classified in the fair value category. The RHA's other financial assets and financial liabilities are measured at cost or amortized cost. Carrying amounts are in each instance disclosed in the Statement of Financial Position.

The adoption of Section PS 3450 had no impact on the recognition and measurement of financial instruments reported in these consolidated financial statements. There were additional item related to presentation and disclosure of financial instruments that have been added to Note 13 as a result of the adoption of this standard.

(b) Employee future benefits

The RHA made an adjustment to the 2011 consolidated financial statements with respect to the accounting for employee future benefits. Specifically, this adjustment related to accounting policy differences under public sector accounting standards with respect to the determination of the obligation for accumulated sick leave.

In aggregate, the resulting increase to the liability for employee future benefits at April 1, 2011 was $6,845,600. Employee future benefit expense for the year ended March 31, 2012 decreased by $117,600.

19. **Transition to Public Sector Accounting Standards** - continued

The impact of these restatements on the comparative figures is as follows:

Summary of Adjustments

(c) Fund balances:

The following table summarizes the impact of the transition to PSA standards on the RHA's fund balances:

Fund balances as at April 1, 2011:	
Fund balances, as previously reported	45,522,755
Adjustment to employee future benefits liability	(6,845,600)
Fund balances, as currently reported	$ 38,677,155
Fund balances as at March 31, 2012:	
Fund balances, as previously reported	41,685,773
Adjustment to employee future benefits liability	(6,728,000)
Fund balances, as currently reported	$ 34,957,773

(d) Excess (deficiency) of revenues over expenses - operating fund:

As a result of the retrospective application of PSA standards, the RHA recorded the following adjustment to excess (deficiency) of revenues over expenses for the year ended March 31, 2012:

Excess (deficiency) of revenues over expenses for the year ended March 31, 2012:	
Excess (deficiency) of revenues over expenses, as previously reported	3,005,741
Adjustment to employee future benefits expense	117,600
Excess (deficiency) of revenues over expenses, as currently reported	$ 3,123,341

Sunrise Regional Health Authority

Schedule of Expenses by Object
For the year ended March 31, 2013 **Schedule 1**

	Budget 2013	Actual 2013	Actual 2012
Operating			
Advertising and public relations	134,649	182,988	156,591
Board costs	107,655	102,990	112,457
Compensation - benefits	28,043,203	27,066,489	26,305,320
Compensation - salaries	131,802,447	134,226,329	132,907,684
Continuing education fees and materials	968,267	305,855	297,370
Contracted-out services - other	1,969,899	2,014,912	1,904,139
Diagnostic imaging supplies	233,210	168,186	225,961
Dietary supplies	266,050	253,714	254,176
Drugs	2,377,905	2,073,991	2,229,453
Food	2,990,725	2,876,167	2,840,233
Grants to ambulance services	3,591,082	3,591,082	3,630,742
Grants to health care organizations and affiliates	817,218	1,040,767	1,033,592
Housekeeping and laundry supplies	1,592,254	1,587,324	1,514,426
Information technology contracts	1,050,293	777,155	631,409
Insurance	514,883	425,834	510,384
Interest	377,309	337,746	276,331
Laboratory supplies	1,347,663	1,302,108	1,219,367
Medical and surgical supplies	3,965,559	3,755,847	3,593,898
Medical remuneration and benefits	9,124,424	7,958,039	8,195,709
Meetings	54,585	62,290	42,481
Office supplies and other office costs	1,448,183	1,553,809	1,423,088
Other	125,475	264,718	269,812
Professional fees	1,164,807	1,323,806	1,138,577
Prosthetics	300,322	210,416	253,545
Purchased salaries	687,356	26,867	44,808
Rent/lease/purchase costs	2,847,504	3,941,025	2,628,373
Repairs and maintenance	2,795,651	3,319,570	3,220,406
Supplies - other	579,109	466,456	630,832
Therapeutics - supplies	105,748	116,899	98,160
Travel	1,953,924	2,132,015	1,919,041
Utilities	3,326,302	3,055,906	3,231,682
	$ 206,663,661	$ 206,521,300	$ 202,740,047
Restricted			
Amortization		7,300,185	7,151,422
Loss (gain) on disposal of capital assets			(136)
Mortgage interest expense		853,691	956,827
Other		2,025	2,025
		$ 8,155,901	$ 8,110,138

The accompanying notes and schedules are part of these consolidated financial statements.

Sunrise Regional Health Authority

Schedule of Cash and Investments
As at March 31, 2013

Schedule 2

Restricted Investments*	Fair Value	Maturity	Effective Rate	Coupon Rate
Cash and Short-Term Investments				
Cash, chequing and savings accounts	4,666,812		0-1.25%	
Term deposits				
Concentra Financial	300,000	06/01/2013	3.44%	
Total Cash and Short-Term Investments	4,966,812			
Long-Term Investments	0			
Total Long-Term Investments	0			
Total Restricted Investments	$ 4,966,812			
Unrestricted Investments				
Cash and Short-Term Investments				
Cash, chequing and savings accounts	1,908,554		0-1.25%	
Guaranteed investment certificates				
Bonds and debentures				
Province of Manitoba coupon bond	8,999	07/22/2013	1.38%	
Total Cash and Short-Term Investments	1,917,553			
Long-Term Investments				
Bonds and debentures				
Equity in Co-operatives	16,387		0.00%	
Notes receivable - physicians	253,992		0.00%	
Allowance for notes receivable - physicians	(19,332)		0.00%	
Total Long-Term Investments	251,047			
Total Unrestricted Investments	$ 2,168,600			
Total Investments	$ 7,135,412			

Restricted and Unrestricted Totals	
Total Cash and Short-Term Investments	6,884,365
Total Long-Term Investments	251,047
Total Investments	$ 7,135,412

The carrying amounts of the long-term investments approximate fair value.

* Restricted investments consist of:
  - Community-generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3);
  - Replacement reserves maintained under mortgage agreements with Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4); and
  - Endowment Fund (Schedule 3).

The accompanying notes and schedules are part of these consolidated financial statements.

Sunrise Regional Health Authority

Schedule of Externally-Restricted Funds
For the year ended March 31, 2013

Schedule 3

	Balance, Beginning of Year	Investment Income	Expenses	Withdrawals	Balance, End of Year
Pre-Amalgamation Trust Accounts					
Centennial Special Care Home	4,508	34			4,542
Foam Lake primary care	14,571	183			14,754
Theodore Health Centre	44,465	566			45,031
	63,544	783	0	0	64,327
Endowment Fund					
Dr. Borys Tolczynski Memorial Fund	319,179	10,573	(2,000)	(8,573)	319,179
	$ 382,723	$ 11,356	$(2,000)	$(8,573)	$ 383,506

	Balance, Beginning of Year	Investment Income	Donations	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance, End of Year
Capital Fund - Donations for Capital Assets						
Acute care administration	58	1				59
Canora Hospital	10,690	134				10,824
Canora hospital building fund	523	9	520			1,052
Esterhazy C.S.C.H.	89,415	1,469	22,965	(158)		113,691
Foam Lake Jubilee Home	6,882	97	5,341	(1,423)		10,897
Gateway Lodge - Canora	93,778	1,171	5,854	(5,729)		95,074
Home Care	134,744	1,654	3,733	(6,760)		133,371
Invermay Health Centre	2,251	1	995	(3,247)		
Ituna Pioneer Healthcare Centre	3,548	44	355	(278)		3,669
Kamsack Hospital	300,024	3,200	51,510	(487)		354,247
Kamsack Nursing Home	59,462	823	65,046	(189)	(21,198)	103,944
Lakeside Manor Care Home	43,814	515	6,839	(14,396)	(7,163)	29,609
Mental Health	1,540	19				1,559
Norquay Health Centre	3,635	46	7,405			11,086
Parkland Alcohol & Drug Services	7,947	95				8,042
Preeceville Hospital	68,840	86	22,172	(466)	(18,407)	72,225
Preeceville Hospital LT care	4,053	2	2,409	(1,261)		5,203
Langenburg Health Centre		69	50,000	(2,417)		47,652
Primary care	270	27	7,595	(4,354)		3,538
Rama First Responders	1,200	15				1,215
St. Anthony's Hospital	9,247					9,247
South district - other	122	43	5,620			5,785
Sunrise regional donations	43,084	665	34,196	(2,381)		75,564
Yorkton District Nursing Home	458	5	120			583
Yorkton R. H. C.	60,048	816	31,075	(15,895)		76,044
	$ 945,633	$ 11,006	$ 323,750	$(59,441)	$(46,768)	$ 1,174,180

The accompanying notes and schedules are part of these consolidated financial statements.

Sunrise Regional Health Authority

Schedule of Internally-Restricted Funds

For the year ended March 31, 2013

Schedule 4

	Balance, Beginning of Year	Investment Income Allocated	Annual Allocation from Unrestricted Fund	Transter to Unrestricted Fund (Expenses)	Transfer to Investment in Capital Asset Fund Balance	Balance, End of Year
Capital						
Replacement reserve funds						
Esterhazy Centennial Special Care Home	84,866	1,122	13,008		(21,153)	77,843
Foam Lake Jubilee Home	14,048	233	11,592		(20,039)	5,834
Gateway Lodge - Canora	96,956	1,288	14,256		(24,484)	88,016
Invermay Health Centre	10,032	163	7,008		(3,967)	13,236
Ituna Pioneer Healthcare Centre	57,624	753	5,604		(3,290)	60,691
Kamsack Nursing Home	136,635	1,765	14,592		(39,986)	113,006
Lakeside Manor Care Home	59,885	782	8,004		(19,282)	49,389
Langenburg Health Care Complex	33,161	470	10,284		(6,349)	37,566
Norquay Health Centre	12,272	192	7,008		(3,066)	16,406
St. Paul Lutheran Home	46,416	790	15,400		(30,942)	31,664
Yorkton & District Nursing Home	83,442	1,146	21,504	(2,015)	(47,277)	56,800
	635,337	8,704	128,260	(2,015)	(219,835)	550,451
Other internally-restricted funds						
Funds for future capital expenditures	3,419,260	26,248	0	0	(808,311)	2,637,197
	4,054,597	34,952	128,260	(2,015)	(1,028,146)	3,187,648
Operating						
Other internally-restricted funds						
St. Paul Lutheran Home	26,258		54,712	(54,475)		26,495
St. Peter's Hospital	21,567	322				21,889
	47,825	322	54,712	(54,475)	0	48,384
Total Internally-Restricted Funds	$ 4,102,422	$ 35,274	$ 182,972	$(56,490)	$(1,028,146)	$ 3,236,032

The accompanying notes and schedules are part of these consolidated financial statements.

Sunrise Regional Health Authority

Schedule of Board Remuneration, Benefits and Allowances

For the year ended March 31, 2013 **Schedule 5**

	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total 2013	Total 2012
RHA Members								
Lawrence Chomos	5,810	9,538		3,497	2,006	689	21,540	8,056
Murray Dalton		5,750		2,744	1,975		10,469	
Gordon Gendur		3,350		937	1,228	119	5,634	
Janet Hill		2,125		993		65	3,183	5,643
Greg Kobylka	6,640	2,850		648	4	430	10,572	25,472
Doris Kopelchuk		3,913		1,181	414		5,508	7,994
John Nightingale								9,410
Isabel O'Soup		800		402	70	33	1,305	3,006
Dave Schappert		3,800		1,293	755		5,848	8,446
Walter Streelasky		1,213		257			1,470	2,095
Shirley Wolfe Keller		5,063		2,620	1,153	201	9,037	
	$ 12,450	$ 38,402	$ 0	$ 14,572	$ 7,605	$ 1,537	$ 74,566	$ 70,122

	2013					2012		
	Salaries	Benefits and Allowances	Subtotal	Severance Amount	Total	Salaries, Benefits and Allowances	Severance	Total
Senior Employees								
Suann Laurent, CEO	297,100	1,377	298,477		298,477	248,325		248,325
Dr. Michael Bishop, VP of Medical Services	93,643		93,643		93,643	189,412		189,412
Dr. Fourie, Senior VP of Medical Services	39,017		39,017		39,017			
Dr. Louw, Deputy Senior Medical Officer	13,006		13,006		13,006			
Dr. Koudsi, Deputy Senior Medical Officer	13,006		13,006		13,006			
Dr. Oduntan, Deputy Senior Medical Officer	13,006		13,006		13,006			
Vince Bornyk, VP of Community Services	103,731	406	104,137	107,289	211,426	154,671		154,671
Christina Denysek, VP of Human Resources	204,193	942	205,135		205,135	175,821		175,821
Lorelei Stusek, VP of Corporate Services	177,977	66	178,043		178,043	153,926		153,926
Roberta Wiwcharuk, VP of Health Services	192,804	66	192,870		192,870	145,247		145,247
	$ 1,147,483	$ 2,857	$ 1,150,340	$ 107,289	$ 1,257,629	$ 1,067,402	$ 0	$ 1,067,402

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump-sum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2012 and will be paid out in the 2012-13 fiscal year. Refer to note 19 for further details.

(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits and personal use of automobile, cell phone, computer, etc., as well as any other taxable benefits.